

## CHAPTERS 1-17: MAINE EMERGENCY MEDICAL SERVICES SYSTEM RULES

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**16 DEPARTMENT OF PUBLIC SAFETY****163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 1: MISSION AND GOALS OF THE MAINE EMS SYSTEM****§1. Mission of System**

The Legislature of the State of Maine created the EMS Act to "promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care...with standards for all providers...."The Maine EMS system consists of hospital and prehospital patient care providers, system planners, and system coordinators. It is their mission to provide emergency patient care, enforce minimum baseline standards and encourage optimum standards. Maine EMS system personnel in every capacity and position in the system, whether paid or volunteer, will be respected as professionals and judged by professional standards for that capacity or position.

**§2. Mission of Maine EMS**

It is the mission of Maine EMS to assure the successful operation of the Maine EMS system through planning, evaluation, coordination, facilitation, and only as a last resort, regulation. To this end, Maine EMS and its regional councils will coordinate and facilitate the establishment of standards by consensus of EMS system personnel, and will promote and enforce those standards. Maine EMS will strive to facilitate the operation of this system and its personnel through the coordination of provider services and personnel, promotion of the system and, recognition of the importance of volunteers to the system. Maine EMS will develop resources to improve the professional capabilities of team members and to make EMS work safe, healthful, and satisfying.

**§3. Maine EMS Goals**

Maine EMS shall pursue those goals as set forth and approved by the Board within the Maine EMS Strategic Plan.

**AUTHORITY:** 32 M.R.S.A., Chapter 2-B.

**EFFECTIVE DATE:** July 3, 1978 (EMERGENCY)

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 11.1067  
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
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## 16 DEPARTMENT OF PUBLIC SAFETY

### 163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)

#### CHAPTER 2: DEFINITIONS

As used in these Rules, unless the context indicates otherwise, the following terms have the following meanings:

**§1. ADVANCED EMERGENCY MEDICAL TREATMENT** means those portions of emergency medical treatment, as defined by the Board, which may be performed by persons licensed or authorized under these Rules only when they are acting under the supervision of an appropriate physician and within a system of emergency care approved by the Board.

**§2. AMBULANCE** means any vehicle, whether an air, ground or water vehicle, that is designed, constructed, or routinely used or intended to be used for the transportation of ill or injured persons. The licensing of these vehicles is in addition to any registration required by any other authorities. For the purposes of these Rules, vehicles operated by the Maine Army National Guard, Maine Air National Guard or the United States armed forces are not considered ambulances.

**§3. AMBULANCE SERVICE** means any person, persons or organization, which holds itself out to be a provider of transportation for ill or injured persons. For the purposes of these Rules, the Maine Army National Guard, Maine Air National Guard and the United States armed forces are not considered ambulance services. It does not mean a person, persons, or organizations which transports ill or injured persons for reasons not connected with their illness or injury. It does not mean a nursing home licensed under 22 M.R.S.A. chapter 405, a children's home licensed under 22 M.R.S.A. chapter 1669, a boarding home licensed under 22 M.R.S.A. chapter 1663, or similar residential facility when transporting its own residents or those of another similarly licensed facility when those residents do not require emergency medical treatment. The types of Ambulance Services licensed by Maine EMS are listed below:

1. **Ground Ambulance Services** are those services licensed by the Board that treat patients and transport them in ambulance vehicles that are licensed by the Board and are designed to be operated on the roads and highways of the State.
2. **Scene Response Air Ambulance Services** are those services licensed by the Board that transport patients, utilizing aircraft licensed by the Board, from the scene of the patient's illness or injury to the hospital or provide air transfer of patients being transferred from a hospital or health care facility to another place.
3. **Transfer Air Ambulance Services** are those services licensed by the Board that transport patients utilizing aircraft licensed by the Board and that may only provide air transfer of patients being transferred from a hospital or health care facility to another place.

4. **Restricted Response Air Ambulance Services (RRAAS)** are those services licensed by the Board and that utilize aircraft licensed by the Board to provide limited air ambulance services in order to meet a need within the State not otherwise fulfilled by a Scene Response Air Ambulance Service or a Transfer Air Ambulance Service.

**§4. BASE LOCATION** has the following meanings dependent upon the type of service license held:

1. For services licensed as Ground Ambulance Services, Scene Response Air Ambulance Services or Restricted Response Air Ambulance Services, Base Location means the physical location within a municipality, designated by the service and approved by the Board, from which a service responds its ambulances to the service's Primary and Secondary Response Area(s).

Ground Ambulance Services may position ambulances within municipalities abutting the municipality in which the Base Location is situated, for the purpose of enhancing emergency response.

2. For Non-Transporting Services or Transfer Air Ambulance Services, Base Location means that the service maintains a single phone listing for public access.

**§5. BASIC EMERGENCY MEDICAL TREATMENT** means those portions of emergency medical treatment, as defined by the Board, that may be exercised by licensed or authorized EMS personnel acting under the supervision of an appropriate physician and within a system of emergency medical care approved by the Board.

**§6. BOARD** means the Emergency Medical Services Board established pursuant to 32 M.R.S.A. Chapter 2-B, § 88.

**§7. BOARD APPROVAL.** When no other method of gaining Board approval is specified, the person who seeks the approval shall apply in writing to the chairperson of the Board in care of the office of Maine Emergency Medical Services, stating the action to be considered, the section in the Rules under which approval is sought and the grounds in support of the request.

**§8. CERTIFICATE** means a document issued as evidence that a person has completed a course of training or a particular test or recertification.

**§9. CPR CERTIFICATION** means successful completion of a Maine EMS approved Cardio-Pulmonary Resuscitation (CPR) program, or equivalent. This is interpreted to include semiautomatic defibrillation when that module is successfully completed.

1. CPR certification is valid until the expiration date, or recommended renewal date, of the document recognized as proof of certification.

**§10. DEPARTMENT** means the Maine Department of Public Safety.

**§11. EMERGENCY MEDICAL CALL** means a medical situation in which an immediate response to a scene is required to prevent life or limb-threatening medical deterioration of a person requiring emergency medical treatment or a situation when dispatch or responding personnel do not have information to determine the existence or condition of persons at a scene who may require emergency medical treatment.

**§12. EMERGENCY MEDICAL DISPATCH PRIORITY REFERENCE SYSTEM** means a system approved by the bureau and the board that includes:

1. A protocol for emergency medical dispatcher response to calls;
2. A continuous quality improvement program that measures compliance with the protocol through ongoing random case review of each emergency medical dispatcher; and
3. A training curriculum and testing process consistent with the protocol.

**§13. EMERGENCY MEDICAL DISPATCH SERVICE** means a public safety answering point certified by the Board to provide emergency medical dispatch services.

**§14. EMERGENCY MEDICAL DISPATCH SERVICES** means any of the following services provided by a public safety answering point in the context of an emergency call made to the E-9-1-1 system:

1. Reception, evaluation or processing of calls;
2. Provision of dispatch life support;
3. Management of requests for emergency medical assistance; and
4. Evaluation or improvement of the emergency medical dispatch process, including identifying the nature of an emergency request, prioritizing the urgency of a request, dispatching necessary resources, providing medical aid and safety instructions to the caller and coordinating the responding resources as needed.

**§15. EMERGENCY MEDICAL DISPATCHER** means a person employed by a public safety answering point who provides emergency medical dispatch services.

**§16. EMERGENCY MEDICAL SERVICES PERSON** means any person who routinely provides emergency medical treatment to the sick and injured. The following persons are not considered to be routinely providing emergency medical treatment for the purpose of these Rules and may provide emergency medical treatment only as specified below when called upon:

1. Those persons as specified in 32 M.R.S.A. § 82(2) subject to any restrictions stated in that section;

2. Any person having current CPR certification, for the purpose of providing CPR within the scope of that certification;
3. Any person who provides automatic external defibrillation in accordance with 22 M.R.S.A. § 2150-C;
4. Any student currently enrolled in a course leading to licensure may practice procedures learned in that course when that student:
  - A. Has received permission to practice those procedures from the Instructor/Coordinator of the course;
  - B. Is participating in a scheduled field internship session approved by the course's clinical coordinator;
  - C. Is practicing those procedures with a Maine EMS-licensed service that complies with guidelines as developed by Maine EMS to conduct field internship sessions; and,
  - D. Is supervised by a preceptor licensed to perform those procedures and who is acting in accordance with any requirements or guidelines as approved and published by Maine EMS.

If such a person is also licensed under these Rules, any emergency medical treatment he/she provides that is within the scope of his/her license will be considered as routine and not subject to such supervision.

5. Any person operating as a member of a police, fire, ambulance or non-transporting EMS service who has current CPR certification and who, within the past three years, has completed a Maine EMS-approved training program in hemorrhage control and oxygen-delivery-during-CPR and whose service maintains a record of such certification and training, may provide emergency medical treatment within the scope of that training program and certification at the scene of a medical emergency to which that service has been called.

**§17. EMERGENCY MEDICAL SERVICES VEHICLE** means a vehicle, authorized by Maine EMS pursuant to 29-A M.R.S.A. § 2054, for the purpose of transporting personnel and/or equipment to the scene of a medical emergency that is not otherwise licensed as an ambulance or registered as a fire department vehicle. An emergency medical services vehicle must be exclusively leased or owned, and operated by a service licensed by Maine EMS or by an agency designated by Maine EMS for mass casualty responses.

**§18. EMERGENCY MEDICAL TREATMENT** means those skills, techniques and judgments, as defined by the Board, which are directed to maintaining, improving or preventing deterioration of the medical condition of the patient and which are appropriate to be delivered by



trained persons at the scene of a patient's illness or injury outside the hospital and during transportation to the hospital.

**§19. EMERGENCY RESPONSE MODE** means the operation of the ambulance's or emergency medical services vehicle's warning lights and siren in accordance with the Maine Motor Vehicle Statutes, 29-A M.R.S.A.

**§20. EMERGENCY SERVICES COMMUNICATIONS BUREAU** means the Emergency Services Communication Bureau within the Public Utilities Commission.

**§21. LICENSE** means a full, temporary or conditional license issued under these Rules.

**§22. LOCATED OUTSIDE THE STATE OF MAINE.** An ambulance service is located outside the State of Maine provided that it is licensed in another state or province, does not maintain a base of operations in Maine, and does not routinely carry patients between points, both of which are in Maine.

**§23. MAINE EMERGENCY MEDICAL SERVICES, or MAINE EMS** means the Board, the emergency medical services director, and staff within the Department of Public Safety responsible for carrying out the responsibilities of 32 M.R.S.A. §§ 81 et seq. and these Rules.

**§24. MEDICAL CONTROL (DIRECTION)** is physician supervision of prehospital emergency medical care. More specifically, it is those actions taken to ensure that care provided on behalf of ill or injured patients is medically appropriate. Medical Control includes interaction with operational and administrative aspects of EMS (for example, education and training, quality improvement, ambulance staffing, dispatch issues, and hospital destination).

1. Direct Medical Control (on-line or immediate medical control):
  - A. The contemporaneous physician direction of a field provider utilizing radio or telephone, or actual contact with a physician on scene.
  - B. This physician direction may be provided by a Physician Assistant or Advanced Practice Registered Nurse delegated by the physician(s) charged with medical oversight
2. Indirect Medical Control is the administrative medical direction of EMS personnel by a physician as designated by Chapter 15 of these Rules.

**§25. MEDICAL DIRECTION AND PRACTICES BOARD** means the subcommittee of the board, chaired by the State Emergency Medical Services Medical Director, and consisting of each regional medical director, a representative of the Maine Chapter of the American College of Emergency Physicians, and the State Emergency Medical Services Medical Director. The Medical Direction and Practices Board is responsible for creation, adoption and maintenance of Maine Emergency Medical Services protocols.

**§26. NON-EMERGENCY MEDICAL CALL** means a situation in which an immediate response to a scene, hospital, health care facility or other place is not required to prevent life-or limb-threatening medical deterioration of a person.

**§27. NON-EMERGENCY RESPONSE MODE** means operation of the ambulance or emergency medical services vehicle in a non-emergency mode obeying all traffic laws. Licensed ambulances shall operate in a non-emergency response mode from the scene of a call to a hospital or during the transfer of a patient from a hospital or healthcare facility to another place unless the EMS provider responsible for the care of the patient determines that a threat to the patient's life or limb exists and necessitates emergency response mode.

**§28. NON-TRANSPORTING SERVICE** means any organization, person or persons who hold themselves out as providers of emergency medical treatment and who do not routinely provide transportation to ill or injured persons, and who routinely offer to provide services to the general public beyond the boundaries of a single recreational site, business, school or other facility. For the purposes of these Rules, a physician making house calls as a part of ordinary medical practice is not considered to be a non-transporting service.

1. A non-transporting EMS service must have an agreement with a licensed ambulance service to ensure continuity of care and adequate transportation for its patients. An ambulance service is not required to approve of or enter into an agreement with a non-transporting EMS service.
2. A police or fire department which does not hold itself out as a provider of emergency medical care shall not be considered a non-transporting service solely because members of that department (who are licensed emergency medical services persons) provide medical care at the scene of a medical emergency to which they were dispatched for police or fire assistance.

**§29. OFFICE OR OFFICE OF EMERGENCY MEDICAL SERVICES** means the administrative unit within the Department of Public Safety to which the Board assigns responsibility for carrying out the purposes of 32 M.R.S.A. §§ 81, et seq. Responsibility for implementation, enforcement and administration of these Rules is delegated to the Director of the Office.

**§30. PROTOCOL OR MAINE EMERGENCY MEDICAL SERVICES PROTOCOL** means the written statement approved by the Medical Direction and Practices Board and filed with the Board, specifying the conditions under which some form of emergency medical care is to be given by emergency medical services persons. These protocols are coordinated and published through Maine EMS as a single, statewide common set of protocols.

**§31. PROVIDER OF EMERGENCY MEDICAL DISPATCH SERVICES** means an emergency medical dispatcher or public safety answering point.

**§32. PUBLIC SAFETY ANSWERING** point has the same meaning as in Title 25, section 2921.

**§33. REGIONAL COUNCILS** means those groups recognized by the Board that represent the various regions of the state, as designated by the Board, with respect to matters subject to 32 M.R.S.A., §§ 81 et seq. and these Rules.

**§34. REGIONAL MEDICAL DIRECTOR** means the physician designated in each EMS region by the regional council, subject to approval by the Board, to oversee all matters of medical control and to advise the regional council on medical matters. In designating the regional medical director, the Board will be advised by the regional council for the region.

**§35. STATE LICENSURE EXAMINATIONS** includes both the written and practical portions of the examination.

**§36. WILDERNESS EMERGENCY MEDICAL TECHNICIAN** means the graduate of any wilderness emergency medical technician course, approved by Maine EMS, who may apply the principles of care taught in that course as defined. This is not a Maine EMS licensure level in itself, but is a certification of skills and knowledge that may be employed by those licensed by Maine EMS.

AUTHORITY: 32 M.R.S.A., §§84, 85-A, 88

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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 3: GROUND AMBULANCE SERVICE AND NON-TRANSPORTING  
SERVICE LICENSES**

**§1.** No ground ambulance service or non-transporting service shall operate unless it is duly licensed by the Board under these Rules.

**§2. License Factors** - a ground ambulance service license or a non-transporting service license is issued for a specific:

1. Type of service - which may be:
  - A. A Non-Transporting Service; or
  - B. An Ambulance Service
2. Level of care - which may be:
  - A. First Responder (only if the service is licensing as a Non-Transporting type of service); or
  - B. EMT-Basic; or
  - C. EMT - Intermediate; or
  - D. EMT - Critical Care; or
  - E. EMT - Paramedic

3. Ownership

Upon request of the Board, an applicant for or licensee of a ground ambulance service or non-transporting service license must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the license. Failure to provide this information may result in an application being treated as incomplete.

4. Service Area - which includes:

- A. Primary Response Area: Any area to which the service is routinely made available when called by the public to respond to medical emergencies.

In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS, in concert with the regional medical director, will determine if such standards are met using the following criteria:

1. Dispatch time/availability of ambulance and crew;
2. Response times;
3. Organized/coordinated dispatch;
4. Public perception;
5. Emergency responses across jurisdictions/public safety implications;
6. Impact on patient care;

And

- B. Secondary Response Area: Any area to which the service is routinely made available when called by other Maine EMS licensed services or health care facilities, as a specialty or mutual aid responder for emergency medical calls. The service receiving the request to respond to an emergency medical call outside of its primary response area shall coordinate with that area's primary EMS service to insure the most appropriate response based upon patient status;

But does not include:

- C. Any other area to which the service may be made available for non-emergency medical calls.

5. Base Location

**§3. Change in License Factors.**

To change any of these license factors, a service must receive a new license. A service must be separately licensed for each base location from which it operates.

**§4. Approval of License.**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

## §5. Licensing Standards

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, a service applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100
  - C. Demonstrate to Maine EMS that:
    1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed primary service area(s). This requirement does not apply for a new license sought for an upgrade in level of care, for a service acting only as a secondary emergency responder (see Chapter 3 §2.4.B), or for changes in secondary response area(s). The notice must state:
      - (a) The name and legal status of the entity making application
      - (b) The name of the proposed service;
      - (c) The type of service proposed;
      - (d) The level of care to be provided;
      - (e) The names of the municipalities within the primary response area of the proposed service;
      - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
      - (g) The current mailing address of the Maine EMS office
    2. The applicant can provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
    3. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including the hospital-ambulance frequencies utilized in the service area(s) contained in Chapter 17 §6 of these rules. As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via the designated Maine EMS statewide frequency "155.385."

4. If the application is for a new service or a change of service ownership: the applicant, if an individual, is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
5. If the application is for a non-transporting service, the non-transporting service has either (1) entered into written agreements with the ambulance services which will transport its patients, guaranteeing continuity of care for the patient and simultaneous dispatch of the non-transporting and ambulance services, or (2) otherwise addresses these concerns in a plan approved by Maine EMS which includes as a component a written agreement of this nature with at least one ambulance service.
6. The applicant has obtained the written approval of the regional medical director of the region in which the proposed base of operations is located or, in the case of a non-transporting service in the region which the service has identified for the purpose of quality assurance/quality improvement. The regional medical director shall determine whether the arrangements for Quality Assurance/Quality Improvement, Advanced Life Support (ALS) backup and the medical control for the proposed type of service and level of care are in accordance with criteria approved and published by the Board.
7. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A), or has identified a Board-approved quality assurance/quality improvement committee in which the service will participate, and has submitted a quality assurance plan that is subject to Maine EMS approval.
8. The applicant has designated a service director, who shall act as the point of contact for the service.
9. The applicant has identified the designated infection control officer for the proposed service.
10. The applicant has - in the case of a proposed service requesting a license or permit to administer drugs/medications - entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required in Chapter 6 of these Rules.

11. The applicant has notified, in a manner prescribed by Maine EMS, the regional council of the region in which the proposed base of operations is located or, in the case of a non-transporting service the region that the service identifies for the purpose of Quality Assurance/Quality Improvement, that the applicant is seeking licensure by the Board. The regional council must submit any comments to Maine EMS regarding the application within 45 days of the applicant's notification to the regional council.
2. A service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month, and prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

**§6. Renewal of Service License**

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license.

An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.

A service may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an ambulance or non-transporting service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.

3. In order to obtain a license renewal, a service must, for each base location:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.
  - C. Demonstrate, as may be required by Maine EMS that it meets the licensure requirements called for in these Rules.



**§7. Personnel Requirements for Ground Ambulance Service or Non-Transporting Service Licensees**

1. A ground ambulance service or non-transporting service will be licensed at the level at which it agrees to provide, on all emergency medical calls, at least one emergency medical services person who is licensed and able to provide care at or above that service level, unless utilizing personnel not required to be licensed by Maine EMS as provided for in 32 M.R.S.A. § 86(2). This person will limit care to the level of the service license except as described in Chapter 3 §7.3 of these rules. This person will be responsible for patient care.
2. A ground ambulance service or non-transporting service must report to Maine EMS, in writing, the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from its service within 5 days of the termination or resignation of the provider.
3. A ground ambulance service or non-transporting service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must, for each base:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
  - C. Show that it can satisfy the requirements of Chapter 3 §5.1.C of these rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is affiliated with the applicant service).
  - D. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements of Chapter 3 §7.3 of these rules.
  - E. Apply for new permission to provide a higher level of care by notifying regional councils as per Chapter 3 §5.1.C.11 of these rules.
4. A ground ambulance service or non-transporting service may apply for approval from Maine EMS to allow the use of Epinephrine autoinjectors by the service's personnel who are licensed at the EMT-Basic level. Standards for initial and continued approval shall be in accordance with criteria approved and published by Maine EMS.

5. A ground ambulance service or non-transporting service shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

**§8. Availability for Emergency Response**

1. Any ground ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, every day, with full-time dispatch capability, and written mutual aid arrangements as necessary, to ensure an annual average time of twenty minutes or less from the "call for emergency medical assistance" to "arrival-at-scene", and shall not deny treatment or transport resulting from an emergency call if treatment or transport is indicated.

Failure of a ground ambulance service to comply with these emergency response requirements will be reviewed by Maine EMS in concert with the regional council to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

2. Any non-transporting service providing response to emergency medical calls must submit with its initial license application a letter of understanding if the service's hours of availability will be other than twenty-four hours a day, every day. This letter of understanding must be approved by Maine EMS and signed by an authorized representative of the non-transporting service, an authorized representative of the transporting service and the regional medical director. Changes to the letter of understanding may be accomplished by written agreement of the aforementioned parties.
3. Non-transporting services must have a full-time dispatch capability, written mutual aid arrangements as necessary and assure an annual average response time during their hours of availability of twenty minutes or less from the "call for emergency medical assistance" to "arrival at scene" and shall not deny treatment resulting from an emergency medical call if treatment is indicated.

**§9. Patient/Run Reporting Form**

1. For each call, or for each patient when more than one patient is involved in a call, a service must complete and submit a Maine EMS patient/run record as specified by Maine EMS.
2. Maine EMS may distribute patient/run record forms for this use.
3. Services will submit patient/run records, as specified by Maine EMS at least monthly.

**§10. Pilot Projects**

1. For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

**§11. Ground Ambulance Vehicles - General**

1. Except as otherwise exempted by 32 M.R.S.A. § 82, no vehicle shall be operated as a ground ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. A ground ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to ensure concurrent expiration dates for service and vehicle licenses.
3. Any ground ambulance vehicle licensed in the state of Maine as of September 1, 1986 may continue to be licensed by the service owning it on that date as long as it is maintained in a condition which will meet all Department of Public Safety standards for vehicle safety and is in a clean and sanitary condition, free from interior rust, dirt, or contaminating foreign matter.
4. Any ground ambulance vehicle acquired by a Maine-licensed service as of September 1, 1986, must meet the standards set forth in these Rules.
5. A ground ambulance vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 3 §12 of these rules. If a service is required to relicense under Chapter 3 §2 because of a change of ownership, then all of the service's ground ambulance vehicle licenses end, and the service must apply for new ground ambulance vehicle licenses. The fee for licensing a vehicle is \$60.00.
6. When a service acquires a new or used vehicle under Chapter 3 §12 of these rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the prorated portion of the annual vehicle licensing fee necessary to license the vehicle until the service's next licensing anniversary. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
7. At least once each year, Maine EMS shall inspect each ground ambulance vehicle to be sure that it is safe, clean, and otherwise in conformity with these Rules. If a ground ambulance vehicle does not pass inspection and its continued operation presents a hazard

to health or safety, Maine EMS may order it removed from service at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §1153). If the deficiencies are not such as to require the vehicle's immediate removal from service, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the vehicle while bringing it into conformity with the law and Rules. If the vehicle is not brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the ground ambulance vehicle license.

## **§12. Ground Ambulance Vehicle – Licensing Requirements**

1. In general, if control of a ground ambulance vehicle passes from one ambulance service to another, or from an ambulance manufacturer or his representative to an ambulance service, through any means, the ground ambulance vehicle must be licensed to the recipient service prior to the recipient service's operation of that vehicle as an ambulance.
2. Temporary Transfer of Ground Ambulance Vehicles.
  - A. If control of a licensed ground ambulance vehicle, which is owned by a licensed service, is passed to another ambulance service, the ground ambulance vehicle transferred under this subsection will be considered licensed provided that the requirement in Chapter 3 §12.2.C of these rules is met.
  - B. If control of a licensed ground ambulance vehicle, which is owned by a manufacturer or manufacturer's representative, is passed to a service, the ground ambulance vehicle must be licensed to that service. A ground ambulance vehicle owned by a manufacturer or manufacturers representative may be simultaneously licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
  - C. The service temporarily assuming control of the ground ambulance vehicle shall maintain, at its base of operations, written record as to when control is assumed and when it is returned. These records are to be available for inspection by Maine EMS.
3. Emergency Medical Services Vehicles - Any vehicle operated by a licensed service or any agency designated by Maine EMS to provide mass casualty response, which is not already licensed as a fire department vehicle or ambulance, may be approved by Maine EMS as an emergency medical services vehicle, consistent with 29-A M.R.S.A. §2054 so long as that vehicle:
  - A. Is operated in emergency response mode on public ways solely for the purpose of carrying personnel and equipment to the scene of an emergency medical call.

- B. Meets applicable federal and Maine safety requirements including the state's periodic motor vehicle inspection requirements.
  - C. When in emergency response mode, is operated by a Maine licensed driver who has successfully completed a Maine EMS approved Basic Ambulance Vehicle Operator Course (AVOC), or a similar course that has been approved by MEMS as equivalent to AVOC.
  - D. Is operated in accordance with all applicable Maine Laws, including, but not limited to Title 29-A.
4. If a service operates from several bases:

The service must maintain, at its main office, current and accurate records showing at which base each of its licensed vehicles is located, and the dates when any transfers were made. These records are to be available for inspection by Maine EMS.

### **§13. Ground Ambulance Design Requirements**

1. A ground ambulance vehicle, unless it falls within Chapter 3 §11.3 of these Rules, must meet the following standards to be licensed:
  - A. Federal/state safety requirements. It must meet the applicable federal and Maine safety requirements including the State's periodic motor vehicle inspection requirements listed in the current edition of the Maine State Police Motor Vehicle Inspections Manual.
  - B. Interior size. It must meet the chassis manufacturer's specifications, and must have a minimum inside height of 60 inches at the center of the patient compartment, a minimum width of 48 inches at the center of the patient compartment, a walkway parallel to the length of the primary cot adequate to allow an attendant to walk from head to foot of the cot; and a minimum inside patient compartment length of 122 inches at the cot level.
  - C. Interior storage accommodations. The interior of the patient compartment must provide adequate stowage space for medical supplies, devices and installed systems. For purposes of this paragraph, "stowage" is defined as the storing, packing, or arranging of ambulance contents in a secure manner so as to protect the contents from damage and the personnel from injury. Interior compartment doors, latches and operating mechanisms must operate in accordance with the manufacturer's design.
  - D. Seat belts. Seat belts shall be provided in all permanent seat positions in the vehicle, including the squad bench. For purposes of this paragraph, "squad bench" is defined as a permanent, non-removable seat that is located in the patient

compartment and which can serve as a seat for crew members or as a surface on which a patient may lie down.

- E. Patient restraint. The ambulance must be equipped with a multilevel patient stretcher designed for ambulances, mounted in, and detachable from the vehicle. The head of the stretcher must elevate. At least three strap-type restraining devices (chest, hip, lower extremity), not less than 2 inches wide, shall be provided for each stretcher, cot or litter. Additionally, the head of the cot shall be furnished with upper torso (over the shoulder) restraints designed to prevent motion of the patient during severe braking or in an accident. Restraining straps shall incorporate metal-to-metal quick release buckles.
- F. Litter fasteners. Crash-stable fasteners of the quick-release type shall secure the cot to the floor or side walls. Provision shall be made for the required portable stretchers to be secured in safe positions for transport. Stretcher mounts must be capable of fastening the stretcher to the vehicle to prevent any movement of the stretcher when in its fastened position.
- G. Patient compartment environmental equipment. The patient compartment shall be adequately heated, air-conditioned, and ventilated to provide for patient comfort.
- H. Communications equipment shall be adequate to allow the vehicle to contact on the regional radio frequency the hospitals to which it regularly takes patients. The ambulance shall also be able to maintain two-way communications contact with a full-time dispatching facility. As of January 1, 2001, all vehicles licensed or authorized by Maine EMS shall be capable of communications utilizing the designated Maine EMS statewide frequency.
- I. Attendants/driver communication. It shall be possible for the driver and the attendants, in their working positions, to speak to one another.
- J. Warning devices. All ambulances shall be equipped with a siren and with emergency warning lights, rotating or flashing, visible from 360 degrees at all times. Colors of ambulance lights are fixed by 29-A M.R.S.A. § 2054.
- K. Patient compartment illumination. Normal white illumination shall be provided in the patient area so as to provide a minimum of 35 foot candles of illumination measured on at least 90 percent of the cot's surface area.
- L. Name of service. Ground vehicles placed in service after March 1, 1992, must display the name of the service licensing the vehicle on the left (driver) and right (passenger) side of the vehicle in letters no less than 6 inches high or display a logo that adequately identifies the service. Vehicles temporarily transferred to a service under the provision of Chapter 3 §12.2 are exempt from this requirement.

- M. Main oxygen supply. The ambulance shall have a hospital type piped medical oxygen system capable of storing and supplying a minimum of 3,000 liters ("M" size tank). The oxygen pressure regulator must be a medical oxygen pressure reducing and regulator valve with an inlet filter at the cylinder and shall have a line relief valve set at 1378 kPa (200 psi) maximum, and a gauge range of 0 to 17225 kPa (0 to 2500 psi). The flow meter must be a pressure compensated type.
- N. Suction aspirator, permanently mounted. The ambulance vehicle shall have an electrically or (engine) vacuum-powered suction unit capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.
- O. Exterior compartments and doors. Exterior compartments, exterior compartment doors and exterior patient/passenger doors must be equipped with latches, gaskets and operating mechanisms which operate in accordance with the manufacturer's design.

**§14. Ground Ambulance Vehicle Equipment Requirements**

- 1. As of August 1, 2004, all medical equipment and medical supplies carried on a ground ambulance vehicle must be natural-rubber latex free.
  - A. Each ground ambulance vehicle shall carry the equipment listed in the equipment guideline contained in Chapter 17 §2 of these rules.
  - B. If a ground ambulance service is licensed at an advanced level, any ground ambulance vehicle of that service responding on an emergency medical call will be equipped on those calls with the equipment and supplies listed in Chapter 17 §5 of these Rules.
  - C. If a ground ambulance service is permitted to a given level, it must provide at least one set of equipment required for that level and supplies as listed in Chapter 17 §5 of these Rules.

**§15. Ground Ambulance Vehicle or Emergency Medical Services Vehicle Operation**

- 1. A licensed ground ambulance vehicle or authorized emergency medical services vehicle shall operate in a non-emergency response mode except when:
  - A. The ground ambulance vehicle or emergency medical services vehicle has been dispatched to the scene of an emergency medical call and dispatch or responding personnel do not have information to determine the existence or condition of persons at a scene who may require emergency medical treatment, or;
  - B. The EMS provider responsible for patient care determines that a life or limb threat to the patient exists that necessitates emergency response mode.



**§16. Non-Transporting Service Equipment Requirements**

1. As of August 1, 2004, all medical equipment and medical supplies carried by a non-transporting service must be natural-rubber latex free.
  - A. A non-transporting service shall carry the equipment listed in the equipment guideline contained in Chapter 17 §1 of these rules.
  - B. If a non-transporting service is permitted to a given level, it must provide at least one set of equipment required for that level and supplies as listed in Chapter 17 §5 of these Rules.

**§17. Termination of Service**

1. Any ground ambulance service or non-transporting service intending to terminate its operations must make written notification to Maine EMS and the applicable regional council at least 30 days prior to the service termination date. The service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the primary service area(s). The notice must state:
  - A. The name of the service;
  - B. The date of service termination; and
  - C. The names of the municipalities affected by the service's termination.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

AMENDED: April 1, 1982  
 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 September 1, 1986  
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
 July 1, 1988  
 March 4, 1992  
 September 1, 1996

EFFECTIVE DATE (ELECTRONIC CONVERSION): July 1, 2000

REPEALED AND REPLACED: July 1, 2000



July 1, 2003

**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 3-A: EMERGENCY MEDICAL DISPATCH SERVICE CERTIFICATION**

**§1.** No Public Safety Answering Point (PSAP) shall provide emergency medical dispatch services unless it is certified by the Board in accordance with 32 M.R.S.A. §85-A and these rules.

**§2. Certification Factors** – The certification issued under this chapter is for an Emergency Medical Dispatch Service.

1. Ownership

Upon request of the Board, an applicant or certified Emergency Medical Dispatch Service must provide the Board with the identity and legal status (e.g. municipality, corporation, limited liability company, sole proprietorship) of the person or entity that holds, or is making application for the certification. Failure to provide this information will result in an application being treated as incomplete.

2. Physical address or location

**§3. Change in Certification Factors.**

An Emergency Medical Dispatch Service must receive Board approval to change any of the certification factors.

**§4. Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for certification. To obtain a new license, a service applicant must:

A. Apply on forms available from Maine EMS; and

B. Demonstrate to Maine EMS that:

1. The applicant complies with the requirements of 32 M.R.S.A. §85-A, the Rules, and the Maine EMS-approved Emergency Medical Dispatch Priority Reference System;
2. The applicant can provide the facilities, equipment, and personnel required by these rules;
3. The service has an electronic version of the Maine EMS-approved emergency medical dispatch protocol on each computer used by an

emergency medical dispatcher while engaged in emergency medical dispatch or has a Maine EMS-approved printed protocol card set for each on-duty emergency medical dispatcher. The card set must be within five feet of the emergency medical dispatcher's telecommunications console;

4. The applicant complies with the Maine EMS Quality Assurance/Quality Improvement plan for EMD;
  5. The applicant has designated a director of Emergency Medical Dispatch, who shall act as the point of contact for the Emergency Medical Dispatch Service.
2. An Emergency Medical Dispatch Service certification is issued for a period of 24 months unless earlier suspended or revoked. A certification may be issued for a shorter period of time if approved by the Board.
  3. An Emergency Medical Dispatch Service must demonstrate ongoing compliance with these rules in order to maintain its certification.

**§5. Renewal**

1. An Emergency Medical Dispatch Service shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of the certification.
2. An application will not be accepted as complete unless it includes all materials required to be evaluated for certification.
3. An Emergency Medical Dispatch Service may renew a certification for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date. An Emergency Medical Dispatch Service with an expired certification cannot provide emergency medical dispatch services. An application submitted more than 90 days after expiration shall be considered a new application and subject to all requirements governing new applications.
4. In order to obtain a certification renewal, an Emergency Medical Dispatch Service must:
  - A. Apply on forms available from Maine EMS; and
  - B. Demonstrate, as may be required by Maine EMS, that it meets the certification requirements of 32 M.R.S.A. §85-A and these Rules.

**§6. Personnel Requirements for Emergency Medical Dispatch Services**

An Emergency Medical Dispatch Service must use Maine EMS-certified Emergency Medical Dispatchers to receive, evaluate and process all calls for medical assistance.

**§7. Emergency Medical Dispatch Services**

1. Emergency Medical Dispatch Services must provide Emergency Medical Dispatch Services twenty-four hours a day, every day, with full-time dispatch capability to ensure that all calls for medical assistance received are processed in accordance with 32 M.R.S.A. §85-A, the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and these rules.
2. Emergency Medical Dispatch services must be implemented within the first 10 seconds of when a 9-1-1 call is received in at least ninety percent of the calls received.

**§8. Termination of Service**

1. Any Emergency Medical Dispatch Service intending to terminate its operations must make written notification to Maine EMS and the Emergency Services Communications Bureau at least 30 days prior to the termination date. The Emergency Medical Dispatch Service shall notify the public at least 30 days prior to the service termination date by placing an advertisement in the most widely circulated newspaper(s) serving the dispatch area(s). The notice must state:
  - A. The name of the Emergency Medical Dispatch Service;
  - B. The date of termination;
  - C. The names of the municipalities affected by the termination; and
  - D. The plan in place for 9-1-1 service and Emergency Medical Dispatch coverage for municipalities affected by the termination.

AUTHORITY: 32 M.R.S.A. §84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (NEW)

**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 4: AIR AMBULANCE SERVICE LICENSES**

**§1.** No air ambulance service shall operate unless it is duly licensed by the Board under these Rules.

**§2. License Factors** – an air ambulance service license is issued for a specific:

1. Type of service - which may be:
  - A. Scene Response Air Ambulance Service;
  - B. Transfer Air Ambulance Service
  - C. Restricted Response Air Ambulance Service (RRAAS). In order to be licensed as a Restricted Response Air Ambulance Service, an applicant must demonstrate to the Board that the limited scope of the proposed service will fulfill a unique and/or unmet need regarding the air transport of patients in the state.

Notwithstanding the requirements of this Chapter, in order to receive a license as a RRAAS, an applicant must comply with any and all restrictions or modifications placed upon the licensee by the Board, including, but not limited to:

1. The geographical locations to which the service may respond to emergency medical calls or non-emergency medical calls and the geographical locations to which the service may transport a patient. The Board may limit the aforementioned geographical locations to specific airports, airstrips and/or landing zones; and
  2. The type and medical condition of patients that may be transported by the licensee. RRAAS is limited to response to non-emergency medical calls unless a Scene Response Air Ambulance Service or Transfer Air Service is unavailable to respond to emergency medical calls in the RRAAS response areas or unless the applicant has a plan, approved by the Medical Direction and Practices Board that establishes specific patient medical condition standards for the service.
2. Level of care - which may be:
    - A. EMT-Basic (Restricted Response Air Ambulance Services only).
    - B. EMT-Intermediate (Restricted Response Air Ambulance Services only).

- C. EMT – Paramedic (Scene Response Air Ambulance Services and Transfer Air Ambulance Services must be licensed at the EMT-Paramedic level).

3. Ownership

- A. Upon request of the Board, an applicant for or licensee of an air ambulance service license must provide the Board with the identity and legal status (e.g., municipality, corporation, Limited Liability Company, sole proprietorship) of the person or entity that holds or is making application for the license. Failure to provide this information may result in the application being treated as incomplete.
- B. The air ambulance service license will be issued in the name of the operator, individual or organization directly responsible for the medical care aspects of the service.

4. Service Area - which includes:

- A. Primary Air Ambulance Response Area: Any area to which the service is routinely made available when called to respond to pre-hospital emergency medical calls.

In defining a primary response area, a service will be expected to meet reasonable standards in regards to distance and response times from its base of operation to emergency scenes. Maine EMS, in concert with the regional medical director, will determine if such standards are met using the following criteria:

- 1. Dispatch time/availability of ambulance and crew;
- 2. Response times;
- 3. Organized/coordinated dispatch;
- 4. Public perception;
- 5. Emergency responses across jurisdictions/public safety implications;
- 6. Impact on patient care;

But does not include:

- B. Any other area to which the service may be made available for non- emergency medical calls.

5. Base Location

**§3. Change in License Factors**

To change any of these license factors, a service must receive a new license. A service must be separately licensed for each base location.

**§4. Approval of License**

Once a service's application for a new or renewed license has been accepted as complete by Maine EMS, Maine EMS shall grant, refuse, or conditionally grant the license within seventy days.

**§5. Licensing Standards**

1. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new license, an applicant must:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100
  - C. Demonstrate to Maine EMS that:
    1. The applicant has placed a notice, approved by Maine EMS, in the most widely circulated newspaper(s) serving the proposed service area(s). The notice must state:
      - (a) The name and legal status of the entity making application.
      - (b) The name of the proposed service;
      - (c) The type of service proposed;
      - (d) The level of care to be provided;
      - (e) The names of the municipalities within the primary response area of the proposed service;
      - (f) That the public is invited to make comment to Maine EMS regarding the proposed application, and that comments must be received by Maine EMS within 30 calendar days after the date of the notice's publication; and,
      - (g) The current mailing address of the Maine EMS office.
    2. The applicant has established a Maine EMS approved plan to integrate and coordinate the air ambulance service within the existing EMS system in

the areas of proposed operation and a professional and community education program for those ambulance services, non-transporting services, public safety agencies and hospital personnel with whom the air ambulance service interacts. This plan must include, but not be limited to:

- (a) Notification phone numbers and access dispatch procedure, including identification of those who may request a mission and those who will approve missions;
  - (b) Capabilities of medical transport personnel;
  - (c) Type of aircraft vehicle(s) used and operational protocols specific to type;
  - (d) Coordination of medical protocols and operating practices with hospital and pre-hospital providers and other public safety agencies;
  - (e) Response and coverage area for the service;
  - (f) Preparation and stabilization of the patient;
  - (g) A safety program consisting of patient preparation and personal safety around the aircraft, including landing zone (LZ) designation for rotor wing services.
  - (h) Coordination of medical protocols and operating practices with those of the hospital and prehospital providers and public safety agencies with whom the service will interact;
  - (i) Familiarization for those ambulance and non-transporting services, public safety agencies, and hospital personnel with whom the air ambulance service may interact routinely.
3. The applicant is an aircraft operator, or will utilize an aircraft operator, who complies with current applicable Federal Aviation Regulations.
  4. The applicant can provide the equipment, vehicles, and trained personnel required by these Rules for the type of service and level of care proposed.
  5. The applicant has in effect a plan to ensure that the service's equipment is compatible with the service's licensed aircraft and with the flight environment to which the equipment will be exposed.
  6. The applicant has in effect public liability insurance.



7. The applicant has a physician medical director who is:
  - (a) Licensed and authorized to practice as a physician in Maine and is board certified or eligible for certification in a specialty and active practice that involves the care and management of critically ill or injured adult and pediatric patients;
  - (b) Experienced in both air and ground emergency medical services and is familiar with the general concepts of appropriate utilization of air medical and ground inter-facility critical care services;
  - (c) Responsible for supervising and evaluating the quality of medical care provided by the medical personnel and the program;
  - (d) Actively involved in the selection, training and recurrent education and practice of the flight medical crew and has expertise with the flight environment, including flight physiology and the management of diseases affected by altitude;
  - (e) Involved in the quality assurance (QA) program for the service, including the review of all missions by a qualified physician and in administrative decisions affecting medical care provided by the service;
  - (f) Familiar with Maine EMS Protocols, the Maine Trauma System and the capabilities of referring and receiving hospitals;
  - (g) Knowledgeable of the capabilities and limitations of the aircraft used in the service; and,
  - (h) Responsible to ensure that appropriate aircraft, medical crew and equipment are provided for each mission based on a system of preflight patient evaluation for inter-hospital transports and an established protocol consistent with types of scene responses anticipated if so licensed.
8. The applicant has made adequate arrangements for dispatching necessary for the proposed type of service and level of care and can provide the two-way radio communications equipment and frequencies to accomplish this, including the hospital-ambulance frequencies utilized in the service area(s) contained in Chapter 17 §6 of these rules. As of January 1, 2001, services licensed by Maine EMS shall have the capability of communicating via the designated Maine EMS statewide frequency "155.385."

9. If the application is for a new service or a change of service ownership: the applicant, if an individual, is of good character, and if a partnership or corporation, its partners or principal officers are of good character. Four character references, written within the past year, must be submitted as a condition of meeting this requirement; none may be from a relative or employee of the applicant.
10. If the application is for a restricted air ambulance service, the service has either (1) guaranteed continuity of care for the patient by entering into written agreements with the ambulance services that will transport its patients or (2) otherwise addressed these concerns in a plan approved by Maine EMS that includes as a component a written agreement of this nature with at least one ambulance service.
11. The applicant has obtained the written approval of the regional medical director in the region that the service has identified for the purpose of quality assurance/quality improvement. The regional medical director shall determine whether the arrangements for Quality Assurance/Quality Improvement, Advanced Life Support (ALS) Backup and the medical control for the proposed type of service and level of care are in accordance with criteria approved and published by the Board.
12. The applicant has submitted a quality assurance plan that is subject to Maine EMS approval and that includes review of all flights by a qualified physician.
13. The applicant has established a service level Quality Assurance/Quality Improvement Committee (for approval under 32 M.R.S.A. § 92-A).
14. The applicant has designated a service director, who shall act as the point of contact for the service.
15. The applicant demonstrates that all medical crew members are appropriately trained and qualified.
16. The applicant has identified the designated infection control officer for the proposed service.
17. The applicant has entered into a written contract with a single hospital which has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board which will provide a system of control and accountability of drugs/medications as required in Chapter 6 of these Rules.
18. The applicant has notified, in a manner prescribed by Maine EMS, the regional council of the region that the service identifies for the purpose of

Quality Assurance/Quality Improvement, that the applicant is seeking licensure by the Board. The regional council must submit any comments to Maine EMS regarding the application within 45 days of the applicant's notification to the regional council.

2. A service license is issued for a period of 12 months. Maine EMS may issue a license that expires prior to the twelfth month, and prorate the licensing fee; if it is determined that such a change is in the best interest of the service and the system.

#### **§6. Renewal of Service License**

1. Renewal of a service license must be obtained each year, not later than the twelfth month after the license is issued. If Maine EMS and the service agree, a license may be renewed in less than a year, and the licensing fee prorated in order to shift the service's licensing anniversary.
2. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. A service may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. A service with an expired license cannot act as an air ambulance service until a renewed license has been issued. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications.
3. In order to obtain a license renewal, a service must, for each base location:
  - A. Apply on forms available from Maine EMS.
  - B. Submit a fee of \$100.
  - C. Demonstrate, as required by Maine EMS that it meets the licensure requirements called for in these Rules.

#### **§7. Personnel Requirements for Air Ambulance Service Licensees**

1. Scene Response Air Ambulance Services and Transfer Air Ambulance Services
  - A. The flight medical crew must consist of at least two people medically certified/licensed by the State. One of these crew members must be trained and licensed at the Paramedic level and must have:

1. Successfully completed a course based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety;
  2. Successfully completed a Maine EMS-approved interfacility transport program;
  3. Current certifications in any specialty programs as required, and published, by the Board.
- B. Personnel in addition to the Paramedic may be utilized consistent with the patient's needs.
2. Restricted Response Air Ambulance Service
- A. The flight medical crew must consist of at least one person medically certified/licensed by the State at the level to which the service is licensed and who has completed a course in altitude physiology and air operations safety based upon standards approved by the Board that includes, but is not limited to, altitude physiology and air operations safety.
  - B. Personnel in addition to the person identified in §7.2.A of this chapter may be utilized consistent with the patient's needs.
  - C. A Restricted Response Air Ambulance Service may obtain Maine EMS permission to provide on some calls, based on personnel availability, a higher level of care than that for which it is licensed. In order to obtain this permission, a service must, for each base:
    1. Apply on forms available from Maine EMS.
    2. Submit a fee of \$100. This fee is waived if the service is simultaneously applying for this permission and for a service license and is submitting the fee required for licensure.
    3. Demonstrate that it can satisfy the requirements of Chapter 4 §5.1.C of these rules (except that for numbers of personnel, the applicant must demonstrate that at least one Maine EMS licensed provider, licensed at the permit application level being sought, is an employee or member of the applicant service).
    4. Renew its permission request when it applies for license renewal, demonstrating to Maine EMS that it continues to satisfy the requirements of Chapter 4 §5.1.C of these rules.

5. Apply for new permission to provide a higher level of care by notifying regional councils, as per Chapter 4 §5.1.C.17 of these rules.
3. A service must report to Maine EMS, in writing, the addition of any licensed EMS person to its roster of responding personnel prior to that person responding on behalf of the service and must report the termination or resignation of any EMS provider from the service within 5 days of the termination or resignation of the provider.
4. Services shall not advertise (in newspapers, telephone directories, on television or commercial radio, on billboards or vehicles, or by other means of public promotion) themselves as providing a level of care other than that at which they are licensed under this section. Board permission to provide a higher level of care is not a license for advertising purposes. The board may prohibit advertising language from any medium listed above if it deems such language to be potentially deceptive or confusing to the public with regard to the services offered.

#### **§8. Service Availability for Response**

1. An air ambulance service offering response to emergency medical calls in the service's primary response area must be available twenty-four hours a day, except as limited by safety considerations.
2. An air ambulance service must provide notification to the requesting agency of the air ambulance's estimated time of arrival to the scene of a medical emergency or interfacility transfer pick-up location. This notification shall be made in as timely manner as possible. Changes in estimated time of arrival will be immediately communicated to the requesting agency by the air ambulance service.

Failure of a service to comply with these response requirements will be reviewed by Maine EMS in concert with the regional council to determine if corrective action is required. Maine EMS shall notify the service of any required corrective action and shall set a reasonable amount of time for the service to carry out this action.

#### **§9. Patient/Run Reporting Form**

1. For each call, or for each patient when more than one patient is involved in a call, an air ambulance service must complete and submit a Maine EMS patient/run record as specified by Maine EMS.
2. Maine EMS may distribute patient/run record forms for this use.
3. Services will submit patient/run records, as specified by Maine EMS at least monthly.

**§10. Pilot Projects**

For the purpose of evaluating the workability and appropriateness of incorporating a particular emergency medical treatment technique or a type of equipment into any licensure level, the Board may elect to exempt a service from the requirements of the relevant licensure level so as to permit the service to utilize the designated techniques or equipment on an experimental basis. Such authorizations may be continued at the discretion of the Board but will be limited to a maximum of three years. Such authorizations should not be construed as levels of licensure.

**§11. Air Ambulance Vehicles - General**

1. Except as otherwise exempted by 32 M.R.S.A. § 82 and §12 of this chapter, no aircraft shall be operated as an air ambulance from within Maine unless it is licensed as an ambulance under these Rules.
2. An ambulance vehicle license is valid for a period of one year, starting from the month the service license is issued. Maine EMS will prorate the vehicle licensing fee for a service licensing a new vehicle within its one year service license period to assure concurrent expiration dates for service and vehicle licenses.
3. An aircraft licensed as an air ambulance shall meet all applicable FAA standards and must be maintained in a clean and sanitary condition, free from interior corrosion, dirt, or contaminating foreign matter.
4. A vehicle license is issued to a particular service and for a particular vehicle, except as permitted in Chapter 4 §12.2 of these rules. If a service is required to relicense under Chapter 4 §3 of these rules because of a change of ownership, then all of the service's vehicle licenses end, and the service must apply for new vehicle licenses. The fee for licensing a vehicle is \$60.00.
5. When a service acquires a new or used vehicle under Chapter 4 § 12 of these rules, it shall apply to Maine EMS on forms available from Maine EMS and shall pay the prorated portion of the annual vehicle licensing fee necessary to license the vehicle until the service's next licensing anniversary. Within 45 days, Maine EMS shall issue, or decline to issue, a license for the vehicle.
6. At least once each year, Maine EMS shall inspect each air ambulance aircraft to be sure that it is safe, clean, and otherwise in conformity with these Rules. If a vehicle does not pass inspection and its continued operation presents a hazard to health or safety, Maine EMS may order it removed from service as an air ambulance at once consistent with Maine Law (See 5 M.R.S.A. §10004 and 4 M.S.R.A. §1153). If the deficiencies are not such as to require the aircraft's immediate removal from service as an air ambulance, then Maine EMS shall notify the operator of the deficiencies and set a reasonable amount of time in which the operator may continue to operate the aircraft as an air ambulance while bringing it into conformity with the law and Rules. If the aircraft is not

brought into conformity within the time set, Maine EMS may refuse to renew, or seek revocation of, the aircraft's ambulance vehicle license.

## **§12. Air Ambulance Vehicle Licensing Requirements**

1. Permanent Air Ambulance Vehicles - Any air ambulance vehicle used by a licensed air ambulance service more than four times in any one-year period must be licensed to the respective service. An air ambulance vehicle may be licensed to more than one service, with each service independently responsible for its own licensure and use of the vehicle.
2. Temporary Air Ambulance Vehicles - Any air ambulance vehicle used for patient transport by a licensed air ambulance service no more than four times in any one-year period will be considered to be duly licensed to that service by the Board if it meets the requirements of §13.1 and §14 of this chapter. Within 7 days after such a transport, the service must notify Maine EMS of the date, time, and origin/destination points of the transport as well as the type and registration number of the aircraft and the reason for its use instead of a "permanent" vehicle. Maine EMS will place this information in the service file and may inspect the aircraft.

## **§13. Air Ambulance Vehicle Design Requirements**

1. An air ambulance vehicle must comply with all Federal Aviation Administration (FAA) requirements for aircraft and air ambulance services. In addition, Maine EMS requires that an aircraft licensed by the Board must:
  - A. Be multi-engine if licensed by a Scene Response Air Ambulance Service or Transfer Air Ambulance Service. A Restricted Response Air Ambulance Service may receive Board licensure for a single engine aircraft provided that:
    1. The aircraft engine is a gas turbine type;
    2. The licensee demonstrates that the aircraft operator maintains and routinely practices engine-failure contingency plans specific to the restricted operations area designated by the Board;
    3. The aircraft is routinely operated according to FAA Visual Flight Rules (VFR).
  - B. If a rotorcraft, be equipped with a 180 degree controllable searchlight of at least 400,000 candlepower;
  - C. Be configured to allow medical attendants to have full-body patient view and access, and access to equipment and supplies in order to initiate both basic and advanced life support emergency procedures;



- D. Be designed and configured for patient placement that allows for safe crew egress without compromising patient stability during loading, unloading or in-flight operations;
- E. Be configured to allow operation of the aircraft doors from the interior and that the doors be capable of being fully opened and held by a mechanical device;
- F. Have sufficient space to accommodate at least one patient on a stretcher, two medical attendants, and the medical equipment required;
- G. Be equipped with a FAA approved patient stretcher and patient securing systems/straps capable of accommodating adult and pediatric patients. The stretcher must be designed to support effective cardiopulmonary resuscitation (CPR) or a backboard or equivalent device to achieve CPR must be readily available;
  - 1. Patients under 60 pounds (27 kg.) shall be provided with an appropriately sized restraining device (for patient's height and weight) which is further secured by a locking device;
  - 2. All patients under 40 lbs. must be secured in a five-point safety strap device that allows good access to the patients from all sides and permits the patient's head to be raised at least 30 degrees;
  - 3. If a car seat is used to transport an infant or child – it must have a FAA approved sticker;
  - 4. There must be some type of restraining device within an isolette to protect the patient in the event of air turbulence and the isolette must be capable of being opened from its secured position in order to provide full access to the infant in the event of complicated airway problems or extrication from the isolette becomes necessary;
  - 5. There shall be access and necessary space to ensure any on-board patient's airway is maintained and to provide adequate ventilatory support from the secured, seat-belted position of medical transport personnel.
- H. Be equipped with FAA-approved safety belts and securing restraints adequate to stabilize and secure any patient, medical attendants, pilots, other individuals, and equipment shall be provided. Medical attendants must be able to wear seat belts while having access to the patient's head and upper body;
- I. Be large enough to accommodate loading of a stretcher without rotating it more than 30 degrees about the longitudinal axis or 45 degrees about the lateral axis of the patient and does not compromise functioning of monitoring systems, intravenous lines and manual or mechanical ventilation;



- J. Be equipped with climate controls capable of preventing adverse effects on patients or personnel on board;
- K. Be configured so that operational controls and communications equipment are protected from intended or accidental interference by the patient, medical transport personnel, equipment or supplies;
- L. Be designed and configured so that the head-strike envelope is clear of objects or surfaces that could cause injury in the event of air turbulence or sudden hard landing. Medical and Flight crews in rotorcraft must wear FAA approved helmets.
- M. Be pressurized if an altitude is to be flown which would otherwise compromise the patient's condition.
- N. Be equipped with an FAA approved oxygen system with adequate capacity and available oxygen for every mission. Oxygen tanks must be secured to prevent movement. No oxygen tank may be secured on the area of the stretcher designed for patient placement.
  - 1. Medical transport personnel will be able to determine if oxygen is “on” by in-line pressure gauges mounted in the patient care area indicating quantity of oxygen remaining and measurement of liter flow;
  - 2. Each gas outlet will be clearly marked for identification, and oxygen flow can be stopped at or near the oxygen source from inside the aircraft or ambulance;
  - 3. Oxygen flow meters and outlets must be padded, flush mounted, or so located to prevent injury to medical transport personnel;
  - 4. There must be a back-up source of oxygen (of sufficient quantity to get safely to a facility for replacements) in the event the main system fails. This back-up source can be the required portable tank as long as the portable tank is accessible in the patient care area during flight and must be located and secured in a FAA approved design. Under no circumstances will a portable tank be located between the patient’s legs.
- O. Be designed so that hangers/hooks are available to secure IV solutions, or a mechanism is provided for delivery of high flow fluids. IV hooks must be padded, flush mounted, or so located to prevent head trauma to the medical transport personnel in the event of a hard landing in the aircraft;

- P. Be designed so that medications, medical supplies and equipment - consistent with the service's scope of care and necessary for patient medical care - are accessible to the flight medical crew while they are secured in seatbelts;
- Q. Be designed so that the cardiac monitor, defibrillator and external pacemaker displays are visible and that the equipment is secured and positioned to provide easy access by the flight medical crew while they are secured in seatbelts. Extra batteries or other power source must be available;
- R. Be designed and configured so that the service's mission and ability to transport two or more patients does not compromise the airway or stabilization or the ability to perform emergency procedures on any on-board patient, and be designed to provide access for simultaneous airway management if there is a two-patient configuration;
- S. Have overhead illumination at the patient level sufficient for patient care.
- T. Be configured and/or equipped to protect the pilot's night adaptation vision.
- U. Carry, in addition to FAA-required communications equipment, radios capable of communicating: with all Maine hospitals which may be over flown; Maine EMS Statewide frequency 155.385; with the flight service dispatch; and with personnel on the ground if scene pickups are routinely conducted. Headset equipment for pilot/medical crew communication is required if such communication would not otherwise be possible.
- V. Be capable of communications utilizing the designated Maine EMS statewide frequency "155.385".
- W. Be equipped with an FAA-approved electrical power source(s) that will accommodate commonly carried medical equipment (AC or DC powered) without compromising the operation of any aircraft electrical equipment and that is not dependent upon a portable battery.
- X. Be configured and equipped so as to prevent interference with medical, communications, avionics and other aircraft systems.
- Y. Be equipped with a suction aspirator that must be powered by the aircraft's electrical or engine-vacuum system and that must be capable of providing a free air flow of at least 20 lpm and achieving a minimum of 300 mm. Hg within 4 seconds after the suction tube is closed.

#### **§14. Air Ambulance Service Equipment Requirements**

1. As of August 1, 2004, all medical equipment and medical supplies carried on an air ambulance vehicle shall be natural-rubber latex free.

- A. Transfer Air Ambulance Services must utilize equipment consistent with the patient's needs and must carry as a minimum, that equipment listed in Chapter 17 § 4 of these rules.
- B. Scene Response Air Ambulance Services must comply with the air ambulance equipment requirements included in Chapter 17 §3 unless an air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.
- C. Restricted Response Air Ambulance Services must comply with the air ambulance equipment requirements included in Chapter 17 §3 of these rules up to and including the service's license or permit level, unless the air ambulance service demonstrates to Maine EMS that such equipment is not practicable for air ambulance services in general or that a substitute piece of equipment would be more appropriate in an air ambulance.

**§15. License Waiver**

- 1. It is not the intent of these Rules to prohibit transport of a patient, in extraordinary circumstances, in an aircraft not licensed as an air ambulance when it is in the best interest of the patient and no licensed air ambulance is available within a reasonable time as determined by on-line medical control.
- 2. An aircraft not licensed as an air ambulance, and not operated by an air ambulance licensee, may be used to transport a patient when:
  - A. The licensed ambulance service transporting the patient has determined after consultation with on line medical control that transport by an unlicensed air ambulance is in the best interests of the patient;
  - B. A record of the run that documents the medical control transport order, attempts by medical personnel to secure a licensed air ambulance service to perform the run, and the circumstances and rationale for the transport is submitted to Maine EMS and regional medical control within 10 days of the run;
  - C. An aircraft is used that is FAA-certified and that allows head/torso access by medical crew;
  - D. An FAA license appropriate for the aircraft and run is held by the pilot;
  - E. The Board has not forbidden the ambulance service from conducting unlicensed air ambulance runs;
  - F. The medical crew (except as provided for in 32 M.R.S.A. § 86(2)) consists of at least one person licensed by Maine EMS at the level that is medically required for

care of the patient. Personnel in addition to the required medical crew member may be utilized consistent with the patient's needs;

- G. The flight medical crew carries equipment and supplies as required for care appropriate to the patient's condition; and
- H. The ambulance service initiating the air transport/transfer ensures that a method of communications has been established to allow for communications among the transporting medical crew, the receiving ground ambulance service and local medical control.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
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**16 DEPARTMENT OF PUBLIC SAFETY****163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)****CHAPTER 5: PERSONNEL LICENSES**

**§1.** Personnel licenses are issued for the following levels of care, in ascending order:

1. First Responder
2. Ambulance Attendant - No new licenses at this level issued after September 1, 1996.
3. Emergency Medical Technician - Basic (EMT-B)
4. EMT - Intermediate (EMT-I)
5. EMT - Critical Care (EMT-CC) - No new licenses issued at this level after January 1, 1998.
6. EMT - Paramedic (EMT-P)

**§2. Licensees may perform the following treatments:**

1. **Basic Emergency Medical Treatment:** All licensed personnel may provide basic emergency medical treatment within the scope of their training as defined by Maine EMS approved curricula, as permitted by protocol and in accordance with this chapter of the rules.

- A. **First Responder** A person licensed at the First Responder level may operate without the supervision of another Maine EMS licensee at the scene of a medical emergency until such time that a person licensed above the First Responder level arrives at the scene. Once on the scene, personnel licensed above the First Responder level are responsible for supervising First Responder licensed personnel, who may not operate without such supervision.

Final patient immobilization for transport, patient loading, and patient care during transport must be directly supervised by personnel licensed above the First Responder level. Any basic emergency medical treatments not contained in the current First Responder course curriculum approved by Maine EMS may only be performed while assisting, and in the presence of personnel licensed above the First Responder level.

Personnel licensed above the First Responder level must accompany the patient in the patient compartment of the ambulance during transport.

- B. **EMT-Basic** A person licensed at the EMT-B level may, in addition to basic emergency medical treatment, provide the following skills or treatments, within the scope of their training as defined by MEMS approved curricula, as permitted by protocol and in accordance with this chapter of the rules:

1. IV maintenance (non-medicated fluids).
2. Under supervision of an EMT-Intermediate or above, set-up of intravenous administration equipment and attachment of cardiac monitor leads to a patient.
3. Assisting a patient in the administration of the patient's own medication.
4. Drug and medication administration as approved by the Board and as allowed by Maine EMS protocol.

- C. Additions For Emergency Medical Technicians With Certification As "Wilderness EMT"

Any licensee certified as a Wilderness Emergency Medical Technician (WEMT), consistent with Chapter 2 of these Rules, may apply the principles for cardio-respiratory arrest, spinal injury, dislocations, and wounds taught in the course, when in the context of delayed/prolonged transport as defined in that course, and as consistent with Maine EMS protocols.

2. **Advanced Emergency Medical Treatment:** The following advanced emergency medical treatments may be provided only by those licensed at, or above, the levels indicated, within the scope of training as defined by MEMS-approved curricula, as permitted by Protocol and in accordance with this section of the rules:
  - A. **EMT-Intermediate:** All practices, skills and techniques authorized at the EMT-Basic level, advanced life support airway - endotracheal intubation; IV/IO therapy; blood sampling; cardiac monitoring/counter shock (semiautomatic external or manual); Magill forceps for foreign body airway obstruction; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.
  - B. **EMT- Critical Care:** All practices, skills and techniques authorized at the EMT-Intermediate level; drug and medication administration as approved by the Board and as allowed by Maine EMS protocol and other techniques and practices approved and published by the Board.
  - C. **EMT-Paramedic:** All practices, skills and techniques authorized at the EMT-Critical Care level; drug and medication administration as approved by the Board

and as allowed by Maine EMS protocol; chest decompression; transtracheal insufflation; cricothyrostomy; and other techniques and practices approved and published by the Board.

3. A licensee may perform emergency medical treatment when:
  - A. The licensee has a current license at the appropriate level and approval, in a form prescribed by Maine EMS, of the regional medical director(s) of the region(s) in which licensee routinely practices.
  - B. The licensee practices in accordance with Maine EMS Protocols.
  - C. The licensee acts with the approval of the ambulance crew member in charge of the call.
  - D. The licensee complies with any certification and/or recertification requirements as approved by the Board.

**§3.** A license is valid for three years from the month of issuance unless otherwise specified in these Rules.

**§4.** An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure. To obtain a new or renewed license, an applicant must:

1. Provide proof of parental consent if the applicant is less than 18 years of age. No application for licensure by a person under 18 years of age will be approved unless the service(s) with which the applicant will be practicing emergency medical care submits and maintains a Maine EMS-approved plan for supervision. No one under the age of 16 may be licensed or used on emergency medical calls by licensed services.

An applicant must be at least 18 years of age in order to be eligible for licensure above the EMT-Basic level

2. Not have received a three-year Maine EMS license at the same level within the past year.
3. Be able to read, write, speak, and understand the English language.
4. Be physically capable of performing the practices included in the license level applied for, as described by the approved Maine EMS functional position description and as indicated by the ability to pass the appropriate state practical examination.
5. Submit the following to Maine EMS:
  - A. A completed Maine EMS application signed by the applicant.

B. Certification of training showing completion of a Board-approved initial course at the appropriate level within the past year, or of a course judged by Maine EMS to be equivalent. If the course was completed more than a year prior to application, a license may be issued which is valid for three years from the month of course completion (or from the month of the required test if that preceded course completion). The initial course may be replaced by:

1. A Board-approved refresher course at the appropriate level, or a course judged by Maine EMS to be equivalent, in the case of an applicant whose Maine license is current or not expired by more than three years, or who submits a history of training which Maine EMS accepts as qualifying him/her to use a refresher course for licensure, or;
2. Continuing education hours (CEH). The categories for CEH are:

Category 1 – Operations  
 Category 2 – BLS Topics  
 Category 3 – BLS Skills  
 Category 4 – ALS Topics  
 Category 5 – ALS Skills  
 Category 6 – Electives  
 Category 7 – Instructor Coordinator Recertification

CEH must be of the type and amount appropriate to the level (or, for advanced EMT's a combination of a Board-approved basic EMT refresher course and the advanced continuing education hours for the appropriate level), and may be used to fulfill training requirements provided that:

- (a) The applicant's Maine license is current or not expired by more than three years and;
- (b) Certificates of continuing education hours have not been used for a previous license renewal, and have been earned within the past three years. "Course completion date" for the purpose of setting a license expiration date will be the date of the most recently completed continuing education program, which is submitted for licensure. Continuing education hours appropriate to each level are as follows:

- (i) First Responder - 22 total hours: 12 hours in category 2; and 10 hours in category 6.
- (ii) Ambulance Attendant - 28 total hours: 6 hours in category 1; 12 hours in category 2; and 10 elective hours in category 6.
- (iii) EMT - 34 total hours: 6 hours in category 1; 12 hours in category 2; and 16 hours in category 6.



- (iv) EMT-INTERMEDIATE - 42 total hours: 6 hours in category 1; 12 hours in category 2; 3 hours in category 4; and 21 hours in category 6.
- (v) EMT-CRITICAL CARE - 48 total hours: 6 hours in category 1; 12 hours in category 2; 3 hours in category 4; and 27 hours in category 6.
- (vi) EMT-PARAMEDIC - 54 total hours: 6 hours in category 1; 12 hours in category 2; 4 hours in category 4; and 32 hours in category 6.

The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in categories 1 – 5.

- (c) For purposes of fulfilling CEH requirements during the transition period (January 1, 2001 to December 31, 2003), CEH obtained in category 3 - BLS Skills - may be used to satisfy the requirements of categories 2 or 6, and category 5 CEH may be used to fulfill the requirements of categories 4 or 6.

Effective January 1, 2004, continuing education hour requirements will be:

- (vii) First Responder - 26 total hours: 4 hours in category 1; 8 hours in category 2; 8 hours in category 3; and 6 hours in category 6.
- (viii) Ambulance Attendant - 32 total hours: 6 hours in category 1; 10 hours in category 2; 8 hours in category 3; and 8 hours in category 6.
- (ix) EMT - 38 total hours: 8 hours in category 1; 12 hours in category 2; 8 hours in category 3; and 10 hours in category 6.
- (x) EMT-INTERMEDIATE - 46 total hours: 8 hours in category 1; 6 hours in category 2; 4 hours in category 3; 16 hours in category 4; 4 hours in category 5; and 8 hours in category 6.
- (xi) EMT-CRITICAL CARE - 52 total hours: 8 hours in category 1; 7 hours in category 2; 4 hours in category 3; 18 hours in category 4; 6 hours in category 5; and 9 hours in category 6.

- (xii) EMT-PARAMEDIC - 58 total hours: 8 hours in category 1; 8 hours in category 2; 4 hours in category 3; 20 hours in category 4; 8 hours in category 5; and 10 hours in category 6.

The above requirements for category 6 (electives) may be satisfied by completing CEH programs in that category or by utilizing excess CEH credit accumulated in Categories 1 – 5.

Nationally standardized training programs may be awarded continuing education hours, which will be credited to an applicant for relicensure when that applicant provides proof of current certification at the time of application. Current certification is determined by definition of the national sponsor of the training program.

C. Board-approved testing certification which may be:

1. For those requesting initial licensure at the level applied for, a written and practical testing certification within the past year. If the test is more than a year old, a license may be issued which is valid for three years from the month of the test (or from the month of the required training course if that precedes the test). When practical and written portions of the test are completed in different months, the test date will be the month the first test was completed.
2. For those renewing a Maine EMS license at the level applied for:
  - (a) Effective January 1, 2001 through December 31, 2003 - completion of a Maine EMS Board approved skills lab at the appropriate level within the past year to obtain a three year license, or completion (within 3 years) of: 4 hours in CEH category 3 (for First Responder, Ambulance Attendant and EMT-Basic levels); or, completion of 2 hours in CEH category 3 and 2 hours in CEH category 5 (for EMT-Intermediate, EMT-Critical Care, and EMT-Paramedic levels); or completion of the state written and practical exam at the appropriate level (Note: The written and practical examination option is available only at the First Responder, EMT-Basic, EMT-Intermediate, and EMT-Paramedic levels). If the skills lab or written and practical examination is more than one year old the provisions of Chapter 5 §4.5.C.1 of these rules for a test older than a year will be employed to determine length of licensure.
  - (b) Effective January 1, 2004 - completion of the type and number of CEH in categories 3 and 5 as set forth in Chapter 5 §4.5.B.2 of these rules or, completion of the state written and practical exam at the appropriate level (Note: The written and practical examination option is available only at the First Responder, EMT-Basic, EMT-

Intermediate, and EMT-Paramedic levels). If the written and practical examination is more than a one year old the provisions of Chapter 5 §4.5.C.1 of these rules for a test older than a year will be employed to determine length of licensure.

- D. A complete history of criminal convictions, juvenile adjudications and civil infractions. Maine EMS will consider this to the extent allowed by Maine Law.
- E. A complete history of any action taken against any emergency medical services certification or license or professional certification or license that the applicant currently holds or has ever held.

## **§5. Skills Labs**

All skill labs will be supervised by a Maine EMS approved instructor/coordinator.

## **§6. Time Limits to Complete Update Programs**

1. All persons licensed at the First Responder level must complete Maine EMS approved First Responder Update training by no later than August 1, 2004. Licenses of those providers who cannot demonstrate completion of such training by August 1, 2004, will become invalid on that date.
2. All persons licensed at the EMT-Intermediate level must complete Maine EMS approved EMT-Intermediate Update training and Narcan Administration Module training by no later than August 1, 2004. Licenses of those providers who cannot demonstrate completion of such training by August 1, 2004, will revert to the EMT-Basic level on that date.

## **§7. License Expiration and Renewal**

1. A licensee shall submit an application for renewal prior to the expiration date of the license. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a license. An application will not be accepted as complete unless it includes all materials required to be evaluated for licensure.
2. A person may renew a license for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the license. Licensees whose licenses have lapsed as of the expiration date cannot provide emergency medical treatment until a renewed license has been issued.
3. An application submitted more than 90 days after the license expiration date shall be considered an application for a new license and subject to all requirements governing new applications

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 11.1067  
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 September 1, 1986  
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 5-A: EMERGENCY MEDICAL DISPATCHER CERTIFICATION**

**§1.** No person shall provide emergency medical dispatch services unless the person is certified as an emergency medical dispatcher by the Board in accordance with 32 M.R.S.A. § 85-A and these rules.

**§2.** The type of certification issued under this chapter is for an “Emergency Medical Dispatcher.”

**§3. Scope of Practice**

1. An Emergency Medical Dispatcher may provide emergency medical dispatching in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System, within the scope of the dispatcher’s Maine EMS-approved training and in accordance with 32 M.R.S.A. §§ 85-A and these rules.
2. An Emergency Medical Dispatcher may perform emergency medical dispatching services when the dispatcher:
  - A. Has a current Emergency Medical Dispatcher certification issued by the Board;
  - B. Is employed by and acts with the approval of an Emergency Medical Dispatch Service certified by the Board in accordance with 32 M.R.S.A. § 85-A these Rules;
  - C. Practices in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System and in accordance with 32 M.R.S.A. § 85-A and these Rules;
  - D. Completes a minimum of 12 hours of Maine EMS-approved continuing education each year;
  - E. Makes written notification to Maine EMS - prior to commencing practice as an Emergency Medical Dispatcher - of the name(s) and certification number(s) of any and all Emergency Medical Dispatch Services that employ or supervise the dispatcher.
3. A dispatcher must report his or her termination or resignation from any Emergency Medical Dispatch Service within 5 days of the termination or resignation.

**§4. Certification**

1. A certification issued by the Board under this chapter is valid for two years from the month of issuance unless earlier suspended or revoked or as otherwise specified in these Rules.
2. Applicants who apply prior to January 1, 2007 shall be issued a certification with an effective date of January 1, 2007 and an expiration date of January 31, 2009, provided that the applicant is otherwise qualified for certification.
3. An application will not be accepted as complete unless it includes all materials required to be evaluated for certification. To obtain a new or renewed certification, an applicant must:
  - A. Be at least 18 years of age on the date of application.
  - B. Not have received a two-year Maine EMS Emergency Medical Dispatcher certification within the past year.
  - C. Be capable of performing emergency medical dispatch services, as described by the approved Maine EMS Emergency Medical Dispatcher Functional Position Description.
  - D. Submit the following to Maine EMS:
    1. A completed Maine EMS application signed by the applicant.
    2. Training certification demonstrating completion of a Board-approved initial course within the past year, or of a course or training history judged by Maine EMS to be equivalent. Except for those applicants who receive certification prior to January 1, 2007, if the Board-approved initial course was completed more than a year prior to application, a certification may be issued that is valid for two years from the month of course completion (or from the month of the required test if the test preceded course completion). The initial course may be replaced by:
      - (a) A Board-approved refresher course at the appropriate level, or a course judged by Maine EMS to be equivalent, in the case of an applicant whose Maine certification is current or not expired by more than two years, or who submits a history of training that Maine EMS accepts as qualifying the applicant to use a refresher course for licensure, or;
      - (b) Twenty-four (24) continuing education hours (CEH). The categories and required amounts for Emergency Medical Dispatcher CEH are:

- (i) Category 8 – EMD Operations – 4 hours
  - (ii) Category 2 – BLS Topics – 8 hours
  - (iii) Category 9 – EMD Crisis Communications – 6 hours
  - (iv) Category 10 – EMD Special Needs – 6 hours
- (c) Maine EMS-approved CEH may be used to fulfill training requirements provided that:
  - (i) The applicant's Maine Emergency Medical Dispatcher certification is current or not expired by more than two years and;
  - (ii) Continuing education hours have not been used for a previous certification renewal, and have been earned within the past two years.
- 3. Current Maine EMS-approved Cardiopulmonary Resuscitation (CPR) certification.
- 4. Board-approved testing in accordance with the Maine EMS-approved Emergency Medical Dispatch Priority Reference System.
- 5. A complete history of criminal convictions, juvenile adjudications which, if committed as an adult are punishable by one (1) year or more, and civil infractions involving alcohol or drugs. Maine EMS will consider this to the extent allowed by Maine Law.
- 6. A complete history of any action taken against any emergency medical dispatch certification or license or other professional certification or license that the applicant currently holds or has ever held.

## **§5. Certification Expiration and Renewal**

1. An Emergency Medical Dispatcher shall submit an application for renewal prior to the expiration date of the certification. To ensure timely processing, the application should be submitted thirty (30) days prior to the expiration of a certification.
2. An application will not be accepted as complete unless it includes all materials required to be evaluated for certification.
3. A person may renew a certification for up to ninety (90) days after the date of expiration. The ninety-day period does not postpone the expiration date of the certification. Emergency Medical Dispatchers whose certifications have lapsed as of the expiration date cannot provide emergency medical dispatch services until a renewed certification has been issued.

4. An application submitted more than 90 days after the certification expiration date shall be considered an application for a new certification and subject to all requirements governing new applications

AUTHORITY: 32 M.R.S.A. 84, § 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)



**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 6: ADVANCED LIFE SUPPORT DRUGS AND MEDICATIONS**

**§1. GENERAL**

1. For the purpose of this Section, "drugs and medications" include only those substances used in the delivery of Advanced Emergency Medical Treatment consistent with Maine EMS Protocol. Maine EMS will maintain a list of approved drugs and medications and will revise and publish the list when changes in protocol dictate.
2. A service authorized by Board license or permit to handle drugs or medications shall use as the source of drugs and medications a single hospital that has a pharmacy, several hospitals with either individual or central supply points, or some other source approved by the Board. The system of drugs and medications distribution will be overseen by a responsible pharmacist, or by a regional medical director or his/her physician designee.
3. A service authorized by Board license or permit to handle drugs or medications shall operate consistent with Chapter 6 §2 of these rules except when an alternative system for the supply, storage, and logging of drugs and medications has been approved by a responsible pharmacist, by the regional medical director, and by Maine EMS. Under any such system, all drugs and medications shall be properly stored with provision for climate control.

**§2. STORING DRUGS AND MEDICATIONS**

1. All drugs and medications must be stored in packaging as dispensed and labeled by a pharmacy.
2. All drugs and medications shall be properly stored with provision for reasonable climate control.
3. Unless otherwise approved by the Board, all drugs and medications must be secured in a storage box. The box must be secured with a one-time, pharmacy-type, numbered seal applied and recorded by an authorized representative of the hospital. The box must have a label attached indicating the name of the earliest expiring item and its expiration date.
4. A drug/medication log for each vehicle (or, in the case of a non-transporting service, for each drugbox) must be kept by the service indicating:
  - A. Date the service received the storage box with new seals.
  - B. Seal numbers (old and new) whenever seal is broken and replaced.

- C. Use and disposal of drugs/medications including applicable MEMS patient/run record number.
- D. Legible signature and license number of person making the log entry.
- E. To ensure that drugs and medications have not expired or been tampered with, the integrity of the seal and the expiration date must be checked at least weekly and recorded in the drug/medication log. Any service utilizing only one licensee authorized to treat with drugs and medications will insure that this check of seal integrity is carried out by an authorized official of the service other than this licensee.
- F. The drug/medication log will be checked at the annual service inspection, or as requested by the Board. Services shall maintain drug/medication logs for a minimum of 5 years.
- G. A service authorized by Board license or permit to handle drugs or medications and which elects to store those drugs that have been approved by the Board to be stored outside of the sealed drugbox, shall comply with Ch. 6.2.4 of the Rules as applicable and any criteria approved and published by the Board.

### **§3. PRESCRIBING, ORDERING, AND RECORDING**

The administration of drugs to a patient shall be determined by applicable protocols and recorded on the run report.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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 December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
 January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
 11.1067  
 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
 September 1, 1986  
 August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
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 March 4, 1992  
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 July 1, 2003

**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 7: STATE LICENSURE EXAMINATIONS**

**§1.** Examinations will be conducted by exam administrators and exam proctors approved by Maine EMS and in accordance with the Maine EMS Exam Administration Manual.

**§2.** Exam administrators will utilize examiners approved by Maine EMS.

**§3.** To be eligible to take such an examination, a candidate for initial licensure must have successfully completed a course of training approved by Maine EMS, that makes him or her eligible for licensure at the level of the exam.

**AUTHORITY:** 32 M.R.S.A., Chapter 2-B.

**EFFECTIVE DATE:** July 3, 1978 (EMERGENCY)

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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 8: TRAINING COURSES AND CONTINUING EDUCATION PROGRAMS  
USED FOR LICENSURE**

**§1. Training Courses**

1. The following training courses are approved for licensure at the indicated levels:
  - A. First Responder:
    1. For initial licensure at the First Responder level - A Maine EMS First Responder Course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training.
    2. For renewal at the First Responder level - A Maine EMS EMT-Basic, First Responder course or refresher course, or any other course which is approved by the Board as including all of the required objectives for this training.
  - B. Ambulance Attendant:
    1. For renewal at the Ambulance Attendant level - A Maine EMS EMT-Basic or First Responder course, or any other course which is approved by the Board as including all of the required objectives for this training.
  - C. EMT-Basic:
    1. For initial licensure at the EMT-Basic level:
      - (a) A Maine EMS EMT-Basic course, or any equivalent course which in itself, or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training; or
      - (b) A Board-approved EMT bridge course for physicians, physician assistants, nurses, and other licensed/certified allied health care professionals who receive permission from Maine EMS to use this course for licensure; or
      - (c) A Board-approved bridge course for First Responders or Ambulance Attendants.

2. For renewal at the EMT-Basic level - A Maine EMS EMT-Basic refresher course or any other course that is approved by the Board as containing all of the objectives required for this training.

D. Intermediate, Critical Care, Paramedic

1. For initial licensure at the Intermediate or Paramedic level:
  - (a) An original course of training for students who have met the training requirements for licensure as an advanced EMT which is approved by the Board as including all of the objectives required for the level for which licensure will be sought; or
  - (b) Bridge courses for persons who have met the training requirements for licensure as an advanced EMT which are approved by the Board as including all of the objectives required to bridge the particular levels; or
  - (c) Any other course of training that is approved by the Board as including the objectives required for the particular level of training.
2. For renewal at the Intermediate, Critical Care, or Paramedic level - A combined basic/advanced refresher course of training that is approved by the Board as including all of the objectives for the particular level.

E. Any course (not including continuing education hour programs) leading to certification for licensure must be supervised by an instructor/coordinator certified by Maine EMS for that particular level. Out-of-state courses and certifications will be judged on a case-by-case basis using a comparison of Maine EMS approved curricula.

F. Applicants to conduct courses leading to certification for licensure must comply with the requirements for conducting courses as approved and published by Maine EMS.

G. Refresher courses for relicensure must have a final evaluation that will be the responsibility of the instructor/coordinator to supervise.

H. Candidates must meet the training requirements for licensure at the level from which the course starts.

**§2. Continuing Education Programs**

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:

- A. The sponsor must apply before the program is to begin. Only under unusual circumstances, such as those set forth in Chapter 13 §§2.1 – 5, of these Rules, may continuing education hour courses be approved after they have occurred;
  - B. The topics to be taught must be relevant to EMS;
  - C. The instructor must be qualified to instruct the topic;
  - D. The sponsor must make known to the students those requirements the students must meet in order to receive attendance certification;
  - E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and license numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;
  - F. The program must be open to all EMS providers unless otherwise specifically approved by the approver; and
  - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing and the Internet, or for other educational programs not described in this Chapter. To receive approval the applicant must submit to Maine EMS:
- A. An outline and description of the program, to include program handouts;
  - B. The name and address of the program sponsor;
  - C. The names of any EMS agencies granting the program continuing education hours;
  - D. A contact name and telephone number for attendance verification;
  - E. A program completion certificate, or equivalent;
  - F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).
  - G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a knowledge test in order to receive a program completion certificate.

3. When Maine EMS, or its delegate, approves a specific program content and instructor for continuing education hours, and has not rescinded such approval, subsequent applications by the instructor for that program will be approved without further review if there are no significant changes in program content or faculty.
4. Maine EMS may delegate approval of in-state continuing education programs, under Chapter 8 §2.1 of these rules to regional councils provided that they maintain a system for assuring high quality programs and provide such program information in a timely manner as requested by Maine EMS.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

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 11.1067  
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 January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 9: INSTRUCTOR COORDINATOR CERTIFICATION**

**§1.** Certifications are issued for the following levels of Instructor Coordinators:

1. Lead Instructor - Basic Life Support (BLS)- a person certified at the Lead Instructor - BLS level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, and EMT-Basic license levels.
2. Lead Instructor - Intermediate - a person certified at the Lead Instructor - Intermediate level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, EMT-Basic and EMT-Intermediate license levels.
3. Lead Instructor - Paramedic - a person certified at the Lead Instructor - Paramedic level may act as the lead instructor in courses leading to licensure at the First Responder, Ambulance Attendant, EMT-Basic, EMT-Intermediate, EMT-Critical Care, and EMT-Paramedic license levels.

**§2.** Certified Instructor Coordinators are responsible for EMS licensure program criteria as approved by the Board. Instructor Coordinator certifications are valid for a period of three years, or as otherwise determined by Maine EMS.

**§3.** To obtain and maintain a new or renewed Instructor Coordinator certification, the applicant must:

1. Be at least 18 years of age.
2. Be able to write, speak, and understand the English language.
3. Possess 3 years experience in emergency or critical care medicine.
4. Submit the following to Maine EMS:
  - A. A completed Maine EMS Instructor Coordinator application signed by the applicant.
  - B. Proof of education consistent with current Maine EMS curriculum at the:
    1. EMT-Basic level, if applying for Lead Instructor-BLS certification.
    2. EMT-Intermediate level, if applying for Lead Instructor – Intermediate certification.



3. EMT-Paramedic level, if applying for Lead Instructor – Paramedic certification.
- C. Certification of training showing completion of a Board-approved instructor coordinator training program at the appropriate level or a program judged by Maine EMS to be equivalent. The initial course may be replaced by:
  1. Maine EMS-approved continuing education hours - 24 hours in category 7, Instructor Coordinator Recertification - specifically designed to address educational issues and approved by Maine EMS, provided that:
    - (a) The applicant's Maine Instructor Coordinator certification is current or not expired by more than three years; and
    - (b) Certificates of continuing education hours have not been used for a previous certification renewal and have been earned within the past three years.
    - (c) No more than 6 hours of continuing education received by the applicant for instructing Maine EMS licensing courses may be used towards fulfilling recertification requirements.
- D. Any history of criminal convictions or actions against a professional license that the applicant currently holds, or has ever held.
5. The Board may refuse to issue or renew a certification, or may modify, suspend, or revoke a certification, if an applicant or certified Instructor Coordinator engages, or attempts to engage in any of the following conduct:
  - A. Obtaining a certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
  - B. Violating a lawful order, regulation, or rule of the Board.
  - C. Violating any of the provisions of 32 MRSA, Chapter 2-B.
  - D. Any criminal conduct or conviction, subject to the limitations of Maine statute.
  - E. Acting in ways that are dangerous or injurious to the public.
  - F. Acting unprofessionally. Unprofessional conduct includes:
    - (a) Renting or lending a certification to another person.

- (b) Addiction to a drug, including alcohol, or instructing while under the influence of drugs or other substances, whether or not the use of such substances is habitual.
  - (c) Obtaining a fee by fraud or misrepresentation.
  - (d) Failure to provide program or course documentation when required or requested by Maine EMS.
- G. Incompetent practice. A certified Instructor Coordinator shall be deemed incompetent in the practice if the instructor has:
  - 1. Engaged in conduct that evidences a lack of ability or fitness to discharge the duty owed by the Instructor to a client or student; or
  - 2. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the instruction for which he or she is certified.
- H. Losing certification, when the certification is a necessary condition of certification as an Instructor Coordinator. For instance, a person certified in Maine on the basis of training obtained in another state would lose his or her Maine certification if the other state revoked his or her certification.
- I. Acting negligently or neglectfully in conducting a Maine EMS continuing education program or licensure program.
- J. Selling, bartering, or offering to sell or loan a certification.
- K. Purchasing or procuring by barter, a certification with intent to use it as evidence of the holder's qualification as an Instructor Coordinator.
- L. Altering a certification or procuring a certification by falsifying documents or course cards.
- M. Using or attempting to use as a valid certification a certificate that has been purchased, fraudulently obtained, counterfeited, or materially altered.
- N. Willfully making a false statement in an application for a certification or renewal of a certification, or in any activity or documents intended to be used to satisfy a requirement for certification.
- O. Providing instruction at a level for which a person or training entity is not certified to provide.

- P. The practice of fraud or deceit in connection with service rendered within the scope of the certification issued.
  - Q. Habitual intemperance in the use of narcotic, hypnotic, alcohol, or other substances, the use of which has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.
  - R. A professional diagnosis of a mental or physical condition that has resulted or may result in the Instructor Coordinator performing his or her duties in a manner that endangers the health or safety of his or her students.
8. Disciplinary action and appeals procedures shall be in accordance with chapter 12 of these Rules.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

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 April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS**

**§1. Emergency Medical Dispatch Training Courses**

1. The following training courses are approved for Emergency Medical Dispatcher certification:
  - A. For initial certification as an Emergency Medical Dispatcher: A Maine EMS Emergency Medical Dispatcher Course, or any equivalent course which, alone or with specified supplementary instruction, is approved by the Board as including all of the required objectives for this training.
  - B. For renewal: A Maine EMS Emergency Medical Dispatcher course or refresher course, or any other course(s) approved by the Board as including all of the required objectives for this training.
2. Applicants to conduct courses leading to Emergency Medical Dispatcher certification must comply with the requirements for conducting courses as approved and published by Maine EMS.
3. Refresher courses for recertification must have a final evaluation. The instructor has the responsibility to supervise the evaluation.
4. Out-of-state courses and certifications will be evaluated on a case-by-case basis comparing them with Maine EMS-approved curricula.

**§2. Emergency Medical Dispatch Instructors**

Any course leading to certification must be supervised by a Maine EMS-approved Emergency Medical Dispatch instructor.

**§3. Emergency Medical Dispatcher Continuing Education Programs**

1. A program held in Maine or out of state may be approved for continuing education hours (CEH) if it meets the following conditions:
  - A. The sponsor must apply before the program begins. Only under unusual circumstances, such as those set forth in Chapter 13 §§2.1 – 5 of these Rules, may continuing education hour courses be approved after the courses have been conducted;

- B. The topics to be taught must be relevant to Emergency Medical Dispatchers;
  - C. The instructor must be qualified by education, training, and experience to instruct the topic;
  - D. The sponsor must advise the students of requirements the students must meet in order to receive an attendance certificate;
  - E. The sponsor must submit to the approver, who must submit to Maine EMS, a final attendance list for the program, which includes the names and certificate numbers of those attending, the number and type of hours approved, and the approval number. The list will be signed by the sponsor as verification of attendance;
  - F. The program must be open to all Emergency Medical Dispatchers unless otherwise specifically approved by the approver; and
  - G. The sponsor must provide the students an opportunity to comment in writing on the program and must make these comments available to Maine EMS upon request within thirty days after the end of the program. Sponsors of CEH offered through publications approved by Maine EMS need not provide this opportunity.
2. Maine EMS may grant continuing education hours for programs offered through professional journals, audio and visual media, teleconferencing and the Internet, or for other educational programs not described in this Chapter. To receive approval the applicant must submit to Maine EMS:
- A. An outline and description of the program, including program handouts;
  - B. The name and address of the program sponsor;
  - C. The names of any agencies granting the program continuing education hours, to the extent known;
  - D. A contact name and telephone number for attendance verification;
  - E. A program completion certificate, or equivalent;
  - F. If applicable, approval from the Continuing Education Coordinating Board for EMS (CECBEMS).
  - G. Proof, if the program was not supervised, that the program required, and the applicant successfully completed, a test in order to receive a program completion certificate.
3. When Maine EMS, or its delegate, approves a specific program content and instructor for continuing education hours, and has not rescinded such approval, subsequent

**CHAPTER 9-A: EMERGENCY MEDICAL DISPATCH TRAINING, INSTRUCTORS AND CONTINUING EDUCATION PROGRAMS**

applications by the instructor for that program will be approved without further review if there are no changes in program content or faculty.

4. Maine EMS may delegate approval of in-state continuing education programs. The entity or person delegated to approve in-state continuing education programs must maintain a system substantially equivalent to or stricter than the continuing education approval requirements included in these rules. The delegated approver will ensure high quality programs and will provide program information in a timely manner as requested by Maine EMS.

AUTHORITY: 32 M.R.S.A. § 84, 85-A, 88

EFFECTIVE DATE: September 1, 2006 (New)

**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 10: RECIPROCITY**

**§1.** Any ambulance service, vehicle or person licensed in another state or province to provide emergency medical treatment, and entering Maine in response to a call to assist in a mass-casualty situation, is exempt from the provisions of these Rules requiring licensure in Maine.

**§2.** If a person holds a valid license or certificate entitling him/her to practice as an EMS provider in another state or province, he/she may receive reciprocal licensing provided he/she satisfies all the requirements of Chapter 5. Licensure and license expiration date will be based on materials supplied by the applicant which demonstrate the following:

1. Certification of training history.
2. Certification of testing history.
3. Certification/licensure in another state or province.

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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR  
RENEW, A LICENSE, AND FOR MODIFYING, SUSPENDING, OR  
REVOKING A LICENSE**

**§1.** The Board may refuse to issue or renew a license, or may modify, suspend, or revoke a license, if an applicant or licensee engages, or attempts to engage in any of the following, which shall be considered unprofessional conduct:

1. Obtaining a license or certification by fraud, by deceit, by misrepresentation, or by concealing material facts.
2. Violating a lawful order, rule or consent agreement of the Board.
3. Violating any of the provisions of 32 M.R.S.A, Chapter 2-B.
4. Any criminal conviction, subject to the limitations of Maine statute.
5. Acting in ways that are dangerous or injurious to the licensee or other persons.
6. Renting, selling, bartering or lending a license to another person.
7. Addiction to a drug, including alcohol or responding to the scene of a call while under the influence of drugs, whether or not the use of such substances is habitual.
8. Initiating the transport of a person, knowing that the person does not need to be transported, or treating a person knowing the person does not need to be treated, when the primary purpose of the action is to collect a fee or charge.
9. Obtaining a fee by fraud, deceit or misrepresentation.
10. Responding to the scene of an accident or incident to which the licensee has not been dispatched, when there is reason to believe that another licensee has been or will be called to that scene, and refusing to turn over the care of the patient to the responsible service when it arrives.
11. Failing to provide patient information to a hospital or other health care facility in response to an authorized request.
12. Disclosing or causing to be disclosed confidential patient information to an unauthorized person or using confidential patient information for personal or unauthorized financial benefit.



13. Engaging in conduct prohibited by law, other than conduct that falls within the following categories and is not related to the practice: minor traffic violations; minor civil violations; and conduct that could be charged as Class E crimes under Maine law.

Possession of a useable amount of marijuana in violation of 22 M.R.S.A § 2383 is not considered a minor civil violation.

14. Violation of any standard established in the profession.
15. Inaccurate recording of material information, or falsifying or improperly altering a patient or healthcare provider record.
16. Exploiting the provider-patient relationship for the purpose of personal or financial gain by the licensee or by a third party including, but not limited to, promoting or selling services, goods, appliances or drugs.
17. Diverting drugs, supplies or property of patients, patient's families, or healthcare providers.
18. Possessing, obtaining, furnishing or administering prescription drugs, equipment or supplies to any person, including one's self, except as directed by a person authorized by law to prescribe such items.
19. Impersonating another licensed practitioner.
20. Impersonating any applicant or licensee, or acting as proxy for the applicant or licensee in any licensing exam.
21. Acting negligently or neglectfully when caring for or treating a patient.
22. Incompetent practice. A licensee or applicant shall be deemed incompetent in the practice if the licensee or applicant has:
  - A. Engaged in conduct which evidences a lack of ability or fitness to discharge the duty owed by the licensee to a client, patient, or the general public; or
  - B. Engaged in conduct that evidences a lack of knowledge or inability to apply principles or skills to carry out the practice for which he is licensed.
23. Losing certification, when the certification is a necessary condition of licensure. For instance, a person licensed in Maine on the basis of training obtained in another state would lose his Maine license if the other state revoked his certification.
24. Acting negligently or neglectfully in conducting an ambulance service.
25. Altering a license.

26. Operating an ambulance or EMS vehicle that is not licensed or authorized by the Board.
27. Using or attempting to use as a valid license one that has been purchased, counterfeited materially altered, or obtained by fraud, deceit or misrepresentation.
28. Transferring a license from one vehicle to another without the consent of the Board.
29. Willfully making a false statement in application for a license or renewal of a license, or in any activity or documents intended to be used to satisfy a requirement for licensure.
30. Providing treatment at a level for which a person is not licensed or for which a service is not licensed or permitted.
31. The practice of fraud or deceit in connection with service rendered within the scope of the license issued.
32. Habitual intemperance in the use of drugs, including alcohol, or other substances, the use of which has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients.
33. A professional diagnosis of a mental or physical condition that has resulted or may result in the licensee performing his or her duties in a manner that endangers the health or safety of his or her patients.
34. Aiding the practice of emergency medical treatment by a person not duly licensed under 32 M.R.S.A., Chapter 2-B.
35. Delegation of practice, skills or treatment to a person who is not licensed or qualified to perform said practice, skills or treatment.
36. Abandonment or neglect of a patient requiring emergency medical treatment.
37. Causing physical or emotional injury to a patient in violation of the applicable standard of care.
38. Failing to safeguard the patient's dignity and right to privacy in providing services regardless of race, creed, color, sexual orientation, gender or socio-economic status.
39. Sexual misconduct as defined in Chapter 14 of these rules.
40. Violation of any other standard established in the profession.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

CHAPTER 11: STANDARDS AND PROCEDURES FOR REFUSING TO ISSUE, OR RENEW, A  
LICENSE, AND FOR MODIFYING, SUSPENDING, OR REVOKING A LICENSE

AMENDED: April 1, 1982  
December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
11.1067  
April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 12: PROCEDURES FOR LICENSING ACTIONS AND BOARD ACTIONS**

**§1. Disciplinary Actions**

**1. Investigation of Complaints**

The Board, its subcommittee or staff shall investigate complaints in accordance with 32 M.R.S.A. § 90-A (1). The investigating body may require that the complaint be submitted on complaint forms developed for that purpose and with supporting documentation in order to have sufficient information to evaluate the complaint.

**2. Notice of Complaints and Response**

**A. Notice**

The Board, its subcommittee or staff shall notify an individual or organization of the content of a complaint filed against the individual or organization not later than sixty days after receipt of the initial pertinent information, in accordance with 32 M.R.S.A. § 90-A (2). Notice shall be in writing. Service is complete upon mailing to the party, the party's attorney, or upon in-hand delivery to the party or the party's office in accordance with 5 M.R.S.A. § 8051 (2).

**B. Response**

If the licensee wishes to contest the complaint or dispute the information that forms the basis of the complaint, the licensee must respond to the Board in writing, by certified mail, return receipt requested. For this response to be considered timely, it must be received by Maine EMS within thirty (30) days of receipt of the Board's notice.

**C. Additional Information**

The Board, its subcommittee or staff may request additional information from the licensee in support of any response received. If the licensee's response to the complaint satisfies the Board, its subcommittee or staff that no further action is warranted on the complaint, the complaint may be dismissed. Notice of the dismissal must be sent to any complainants.

**D. Further Communications with Complainant**

The Board, its subcommittee or staff may provide the complainant with a copy of the licensee's response or portions thereof, as the members or staff determine to

be necessary to facilitate the investigation. The Board, subcommittee or staff may request additional information from the complainant in support of the original complaint or in response to the licensee's response. The complainant must provide this additional information to the Board, subcommittee or staff within thirty (30) days of being requested to do so, or indicate why the information cannot be obtained within that time.

#### E. Resolution of Complaints without Discipline

Upon the written information provided by the complainant, licensee and any others in support of the complaint and responses, the Board, its subcommittee or staff may take any of the following actions, which do not constitute discipline, except as specifically indicated:

1. Issue a letter of guidance or concern pursuant to 32 M.R.S.A. § 88(4);
2. Refer the complaint to the Regional Medical Director for resolution to the extent that the complaint alleges conduct that relates solely to clinical practice issues. A complaint may be referred both to the Regional Medical Director and for further disciplinary procedures in accordance with these rules if it alleges both clinical practice issues and issues appropriate for discipline by the Board;
3. Dismiss the complaint upon a finding that the complaint is factually unfounded or alleges conduct that is not a violation of EMS rules or statutes;
4. Dismiss the complaint with a warning to the licensee if it finds all of the following:
  - (a) Misconduct subject to sanction under EMS rules or statutes has occurred;
  - (b) The misconduct is minor;
  - (c) There is little or no injury to the public, the emergency medical services system or the profession; and
  - (d) There is little likelihood of repetition.

#### 3. Informal Conferences

- A. If, in the opinion of the Board, its subcommittee or staff, the factual basis of the complaint is or may be true and the complaint is of sufficient gravity to warrant further action, the licensee may be requested to participate in an informal conference in accordance with 32 M.R.S.A. § 90-A. The licensee shall be

provided with at least seven days written notice of the conference and of the issues to be discussed, unless the licensee waives such right to notice or extraordinary circumstances warrant a shorter period of notice.

- B. If, after Informal Conference, the Board, subcommittee or staff determines that resolution without discipline is appropriate, the matter may be resolved by referral to the Regional Medical Director, letter of guidance, dismissal, or dismissal with warning, as appropriate, and in accordance with EMS statutes and these Rules.

#### 4. Sanctions

- A. If, upon review of the written information provided by the complainant, licensee and any others in support of the complaint and responses, or after Informal Conference, the Board, its subcommittee or staff determines that the complaint is or may be true, that a current or former licensee has violated Maine EMS statutes or rules, and the violation is of sufficient gravity to warrant further action, any of the following may be occur:
  - 1. The Board, its subcommittee or staff may enter into a consent agreement with the licensee in accordance with 32 M.R.S.A. §88(3)(E) and §90-A (4)(A).
  - 2. The Board, its subcommittee or staff may negotiate the voluntary surrender of a license by means of a consent agreement, in accordance with 32 M.R.S.A. 90-A (4)(B).
- B. If the Board, its subcommittee or staff concludes that modification, nonrenewal, or suspension or other discipline within the Board's authority pursuant to 32 M.R.S.A. § 88(3) (civil penalty; warning censure or reprimand; probation; suspension of up to 90 days per violation) is in order, the process is as follows:
  - 1. The board shall notify the licensee in writing of the licensee's right to request an adjudicatory hearing and any proposed action of the Board.
  - 2. The licensee must file a written request for hearing within twenty (20) days of receipt of the notice of opportunity for hearing. The request is considered filed when received by Maine EMS. The Board may extend this period for good cause shown.
  - 3. If the licensee makes a timely request for hearing, that hearing must be held by the Board in accordance with the Maine Administrative Procedure Act, Title 5, chapter 375, subchapter IV.
  - 4. Failure to make a timely request for hearing shall be a waiver of any right to hearing and may result in a hearing being held with no further notice to

the licensee, or the proposed action of the Board becoming final without further hearing.

5. If, after hearing, the Board concludes that the licensee committed one or more violations and imposes sanctions, this decision constitutes final agency action appealable pursuant to 32 M.R.S.A. 90-A (4)(C) and the Maine Administrative Procedure Act, 5 M.R.S.A, Chapter 375, subchapter VII.
- C. Except in the specific circumstances where 5 M.R.S.A. § 10004, Action without hearing, may be invoked, if the Board, its subcommittee or staff concludes that suspension beyond the authority conferred by 32 M.R.S.A. § 88 or revocation is in order, the Board, its subcommittee or staff may request the Attorney General to file a complaint in the District Court.

Time limits in these rules may be modified as necessary to address emergency license suspensions, consistent with the Maine Administrative Procedure Act.

## **§2. Initial License Applications**

1. Issuance Subject to Letter of Guidance or Consent Agreement
  - A. A license may be issued in conjunction with a letter of guidance or warning pursuant to 32 M.R.S.A. §88(4). The purpose of the letter is to educate the applicant, reinforce knowledge regarding legal or professional obligations, and/or express concern over action or inaction by the applicant that does not rise to the level of misconduct sufficient to merit denial of the application or negotiation of a Consent Agreement.
  - B. A license may be issued subject to a consent agreement with the applicant/licensee if the applicant has engaged in conduct actionable under Maine EMS statutes or rules and the terms of the consent agreement, in the opinion of the Board, subcommittee or staff, are adequate to protect the public health and safety and to rehabilitate or educate the licensee

2. Denial

- A. Staff may deny an initial license application if done so in a written decision that reflects the reasons for the denial and informs the applicant of the right to appeal the decision to the Board.
- B. A person or organization aggrieved by a staff decision to deny a license may appeal the decision to the Board for a final decision in accordance with 32 M.R.S.A. § 91-A.
- C. If the applicant wishes to appeal the denial, the applicant must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the denial.
- D. The staff's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
- E. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing unless otherwise required by law.
- F. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision.
- G. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII.

**§3. Non-Disciplinary Refusal to Renew**

- 1. The staff or a subcommittee of the Board may recommend to the Board that it refuse to renew a license. Before presenting the recommended decision to the Board for consideration, staff shall mail or hand-deliver to the applicant/licensee written notice of the recommended decision and the reasons therefore with notice of applicant/licensee's right to request a hearing in accordance with the Administrative Procedure Act. Service is complete upon mailing or personal delivery.
- 2. If the applicant/licensee wishes to request a hearing, the applicant/licensee must submit a written request for a hearing to the Board. The written request must be received by the Board within thirty (30) days of the applicant/licensee's receipt of notice of the proposed decision/opportunity to request hearing. Failure to submit a request within this period shall be deemed a waiver of the right to hearing, and the Board may adopt the recommended decision without further hearing.



3. The decision of the Board shall be in writing or stated on the record and reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision.
4. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII

**§4. Other Staff/Board Actions**

1. A person or organization aggrieved by the decision of Maine EMS staff or a subcommittee of the board to waive the application of any rule, or in interpreting statutes or rules governing the EMS system, may appeal the decision to the Board for a final decision in accordance with 32 M.R.S.A. §91-A.
2. In order to appeal such a decision, the person or organization must notify the Board in writing. The notice must be received by the Board within thirty (30) days of the applicant's receipt of notice of the challenged decision.
3. The staff or subcommittee's decision stands until the Board issues a decision to uphold, modify or overrule the challenged decision.
4. The Board may, in its discretion, entertain additional evidence or argument from the parties, but need not conduct a full or formal adjudicatory hearing.
5. The decision of the Board shall be in writing or stated on the record and contain or reflect the Board's reasoning in a manner sufficient to inform the parties of the basis for the Board's decision
6. The Board's decision constitutes final agency action, appealable to the Superior Court in accordance with the Maine Administrative Procedure Act, 5 M.R.S.A. Chapter 375, Subchapter VII.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

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April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 13: WAIVER OF RULES**

**§1.** Upon the request of an individual or on the Board's own initiative, the Board may waive any of these Rules by a two-thirds majority vote of those present and voting and by no less than a majority of the appointed and currently serving members, if it determines that such a waiver would avert a significant injustice while preserving the public safety and the integrity of the statutory and regulatory components of the State's EMS system.

**§2.** When determining whether to waive a rule, the Board will consider a number of factors including, but not necessarily limited to, the following:

1. Whether the person seeking the waiver took reasonable steps to ascertain the rule and comply with it;
2. Whether the person seeking the waiver was given inaccurate information by an agent or employee of the State EMS program;
3. Whether the person seeking the waiver, or any other individual or group, would be significantly injured or harmed if the rule were not waived;
4. Whether waiver of the rule in the particular case would pose a health or safety risk to the public at large or a particular individual or community; and
5. Whether waiver of the rule in the particular case would establish a precedent that would unduly hinder the Board or office of EMS in its administration of Maine's EMS system.

**§3.** A waiver is to be granted only under extraordinary circumstances. This means that the Board must find a number of the above factors weighing in favor of a waiver before it is granted.

**§4.** The Board shall notify any person requesting a waiver of its decision to grant or deny this request. The notice shall include a brief summary of the reasons for the Board's decision.

**§5.** Any decision by the Board to deny a waiver may be appealed by the person seeking the waiver, in the manner prescribed in Chapter 12 of the Rules.

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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 14: SEXUAL MISCONDUCT**

**§1. Definitions**

1. “EMS Provider” is an individual who is licensed or certified according to the provisions of 32 M.R.S.A. §81 et seq. and the Maine EMS rules.
2. “EMS Provider sexual misconduct” is behavior that exploits the EMS Provider-patient relationship in a sexual way. This behavior is nondiagnostic and/or nontherapeutic, may be verbal or physical, and may include expressions or gestures that have a sexual connotation or that a reasonable person would construe as such. Sexual misconduct is considered incompetent professional practice and unprofessional conduct pursuant 32 M.R.S.A. 90-A.5.E. and F. and Chapter 11 of the Maine EMS Rules. There are two levels of sexual misconduct: sexual violation and sexual impropriety. Behavior listed in either category may be the basis for disciplinary action.
3. “Sexual violation” is any conduct by a EMS provider with a patient that is sexual or may be reasonably interpreted as sexual, even when initiated by or consented to by a patient, including but not limited to:
  - A. Sexual intercourse, genital to genital contact;
  - B. Oral to genital contact;
  - C. Oral to anal contact or genital to anal contact;
  - D. Kissing in a sexual manner;
  - E. Any touching of a body part for any purpose other than appropriate examination or treatment.
  - F. Encouraging the patient to masturbate in the presence of the EMS provider or masturbation by the EMS provider while the patient is present; and,
  - G. Offering to provide practice-related services, such as drugs, in exchange for sexual favors.

4. “Sexual impropriety” is behavior, gestures, or expressions by the EMS Provider that are seductive, sexually suggestive, or sexually demeaning to a patient, including but not limited to:
  - A. Kissing;
  - B. Disrobing, draping practices or touching of the patient’s clothing that reflect a lack of respect for the patient’s privacy; deliberately watching a patient dress or undress, instead of providing privacy for disrobing;
  - C. Examination or touching of genitals without the use of gloves;
  - D. Inappropriate comments about or to the patient, including but not limited to making sexual comments about a patient’s body or underclothing; making sexualized or sexually demeaning comments to a patient, criticizing the patient’s sexual orientation, making comments about potential sexual performance during an examination or consultation, requesting details of sexual history or requesting information on sexual likes or dislikes;
  - E. Using the EMS provider-patient relationship to solicit a date or initiate romantic relationship;
  - F. Initiation by the EMS provider of conversation regarding the sexual problems, preferences, or fantasies of the EMS provider, the sexual preferences or fantasies of the patient, or sexual problems of the patient that are not relevant to emergency medical treatment.

## **§2. Sanctions**

1. If the Board finds that a licensee has engaged in sexual misconduct as defined in §1 of this chapter, the licensee shall be disciplined in accordance with Maine statutes and these Rules.
  - A. All disciplinary sanctions under 32 M.R.S.A § 88.3 and 32 M.R.S.A § 90-A.5. are applicable.
  - B. Sexual Violation – Finding of a sexual violation is egregious enough to warrant revocation of an EMS Provider’s license. The Board may, at times, find that mitigating circumstances do exist and may impose a lesser sanction.
  - C. Sexual Impropriety – Finding of a sexual impropriety will result in harsh sanction, which may include license revocation.

2. Special consideration should be given to at least the following when determining an appropriate sanction for sexual misconduct;
  - A. Patient harm;
  - B. Severity of conduct;
  - C. Motive and intent of licensee;
  - D. Inappropriate termination of EMS provider-patient relationship;
  - E. Age of patient;
  - F. Physical and mental capacity of patient;
  - G. Frequency and duration of behavior;
  - H. Number of patients involved;
  - I. Evaluation/assessment results.

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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 15: MAINE EMS REGIONS AND REGIONAL COUNCILS**

**§1. Composition of Councils**

1. A Regional Council shall, at least, provide adequate representation for ambulance and rescue services, emergency physician and nurses, each hospital and the general public. A Regional Council shall be structured to adequately represent each geographical part of its region. Regional Councils will identify and publicize names of representatives and their constituencies in order that constituents be able to effectively communicate with their representatives.

**§2. Regional Council Activities**

1. Only one Regional Council shall be recognized in any region. Any organization proposing to serve, as a Regional Council must state this intention in writing delivered to Maine EMS no later than 120 days before the start of the fiscal year in which the contract is to be written. The Board will select the organization which best demonstrates an ability to carry out those functions specified in the service contract for the upcoming fiscal year. The Board will then negotiate a price for carrying out the service contract with the organization selected to be the Regional Council. The Board may elect to enter into a 2 year contract consistent with the biennial budget process.
2. Regional Council activities specified in the service contract will include, but are not limited to those activities listed in 32 M.R.S.A., Chapter 2-B, §89. By December 31, following the year the contract was in effect, each Regional Council will submit to Maine EMS a final report for the previous fiscal year detailing its performance in carrying out the provisions of the service contract, and which includes an independently prepared financial report. Maine EMS will use financial reports for the purpose of monitoring the general activities of each Council and for setting reasonable prices for future service contracts. Because Regional Councils depend largely on Maine EMS for operational revenue, Maine EMS will endeavor to maintain a schedule of payments to the Region that provides operational funds in advance of the period in which the funds will be employed. Any regional personnel handling the disbursement of its funds shall be bonded at a minimum of \$10,000.



**§3. Designation of Regions**

1. A city, town, township or territory shall be part of a Region as determined by the initial hospital destination of a simple majority of patients from said city, town, township or territory as follows:
  - A. Region I: New England Rehabilitation Hospital, York Hospital, H.D. Goodall Hospital, Southern Maine Medical Center, Maine Medical Center, Mercy Hospital, Bridgton Hospital, Mid-Coast Hospital - Brunswick, Parkview Hospital.
  - B. Region II: Central Maine Medical Center, St. Mary's Regional Medical Center, Stephens Memorial Hospital, Rumford Hospital, Franklin Memorial Hospital.
  - C. Region III: Maine General Medical Center - Augusta, Maine General Medical Center - Waterville, Inland Hospital, Redington-Fairview General Hospital, Sebasticook Valley Hospital, Jackman Region Health Center.
  - D. Region IV: Eastern Maine Medical Center, St. Joseph Hospital, Mayo Regional Hospital, C.A. Dean Memorial Hospital, Penobscot Valley Hospital, Blue Hill Memorial Hospital, Maine Coast Memorial, Mount Desert Island Hospital, Down East Community Hospital, Calais Regional Hospital, Millinocket Regional Hospital, The Acadia Hospital.
  - E. Region V: Northern Maine Medical Center, Cary Medical Center, The Aroostook Medical Center, Houlton Regional Hospital.
  - F. Region VI: Miles Memorial Hospital, St. Andrews Hospital, Penobscot Bay Medical Center, Waldo County General Hospital, Island Community Medical Center - Vinalhaven.
2. Service affiliation with Regions.
  - A. Services that respond only to cities, towns, townships, and territories within a single region will be affiliated with that region.
  - B. Services that respond to cities, towns, townships and territories in more than one region will be affiliated with the region as determined by the initial hospital destination of a simple majority of the patients treated by the service as defined in §3.1 of this chapter.
3. Changes to Regional designations are made by Maine EMS when they are approved by the Board and published in a document distributed to all service chiefs. The Board will seek advice from the services and regional councils affected regarding any disruption of patient service or EMS system caused by the proposed change in designation.

**§4. Medical Control and Delegation**

1. Regional Medical Directors acting within the provision of these Rules and 32 M.R.S.A. Chapter 2-B are agents of Maine EMS. Regional Medical Directors may designate, with the approval of Maine EMS, licensed and qualified physicians to serve as their assistants in carrying out these provisions. These assistants will similarly be considered agents of Maine EMS.
2. A Regional Medical Director may withdraw approval for or impose conditions upon a licensee's ability to practice in that Director's region with the licensee's consent. In all cases, the Regional Medical Director must inform Maine EMS of this action as soon as possible and forward to Maine EMS a copy of the executed agreement. If a Regional Medical Director wishes to take action to modify a licensee's ability to practice at his or her license level or modify approval to practice and the licensee does not consent to the modification, the Regional Medical Director will immediately inform Maine EMS.

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**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 16: DEATH BENEFITS FOR EMERGENCY MEDICAL SERVICES  
PERSONS WHO DIE IN THE LINE OF DUTY.**

**Summary:** This chapter outlines the procedures governing the award of death benefits to the child, spouse or parent of an emergency medical services person who dies while in the line of duty.

**§1. Definitions**

1. “Child” means any natural born or unborn child, legally adopted child or stepchild of an emergency medical services person who, at the time of the emergency medical services person’s death, is:
  - A. Conceived or less than 19 years of age;
  - B. 19 or more years of age, but less than 25 years of age, and accepted for admission or enrolled in a full-time postsecondary educational institution; or
  - C. 19 or more years of age and is incapable of self-support because of a physical or mental disability.
2. “Died while in the line of duty” means to cease to be alive or to sustain an injury or illness that results in death as a result of the performance of an emergency medical services person’s official duty.
3. “Director” means the Director of Maine Emergency Medical Services as defined in 32 M.R.S.A. §83, sub-§10-A.
4. “Emergency medical services person” has the same meaning as in 20-A M.R.S.A. §12552, sub-§1-C.
5. “Official duty” means an action that an emergency medical services person is authorized or obligated by law, rule, regulation or condition of employment or service to perform.
6. “Parent” means the natural or adoptive mother or father, or the stepmother or stepfather, whose parental rights have not been terminated and who contributed significantly to the upbringing of an emergency medical services person.
7. “Spouse” means a person who is legally married to an emergency medical services person at the time of the emergency medical services person’s death.

8. “Under the influence” means under the influence of alcohol, a drug other than alcohol, a combination of drugs or a combination of alcohol and drugs or having a blood alcohol level of .08% or more.

**§2. Death Benefit – Amount and Receipt**

1. If the Director determines that an emergency medical services person died while in the line of duty, the State shall pay a benefit of \$50,000 as follows:
  - A. If there is no surviving child of the emergency medical services person, to the surviving spouse;
  - B. If there is a surviving child or children and a surviving spouse of the emergency medical services person, 1/2 to the surviving child or children in equal shares and 1/2 to the surviving spouse;
  - C. If there is no surviving spouse of the emergency medical services person, to the child or children in equal shares; or
  - D. If there is no surviving child or spouse, to the parent or parents of the emergency medical services person, in equal shares.

**§3. Limitation on Benefit**

1. Notwithstanding a determination by the Director that an emergency medical services person died while in the line of duty, a benefit may not be paid:
  - A. If the death or the injury or illness that resulted in the death was caused by the intentional misconduct of the emergency medical services person or by the emergency medical services person’s intention to bring about the death or the injury or illness that resulted in the death;
  - B. If the emergency medical services person was voluntarily under the influence at the time of the death or the injury or illness that resulted in the death and being under the influence was a substantial contributing factor in the death or the injury or illness that resulted in the death;
  - C. If the emergency medical services person was performing in a grossly negligent manner at the time of the death or the injury or illness that resulted in the death; or
  - D. To any person who would otherwise be entitled to a benefit pursuant to 25 M.R.S.A. c. 195-A and this chapter, if the person’s actions were a substantial contributing factor to the death of the emergency medical services person.
  - E. If the potentially eligible child, spouse or parent dies prior to actual receipt of this death benefit.

**§4. Filing Request for Benefit**

1. A person who is potentially eligible to receive these benefits, or a person authorized to request benefits acting as an agent of a potentially eligible person, must forward a written request to the Director for a State of Maine Application for Line of Duty Death Benefit within 90 days of the emergency medical services person's death. The 90 day period may be extended by the Director for good cause shown.
2. Upon receipt of the written request for a State of Maine Application for Line of Duty Death Benefit, the Director shall provide an application package and questionnaire that must be completed and returned within 30 days of receipt by the applicant. The 30 day period may be extended by the Director for good cause shown.

**§5. Determination of Eligibility for Benefit**

1. Upon receipt of a completed State of Maine Application for Line of Duty Death Benefit, the Director shall appoint a review panel consisting of at least three, but not more than five, persons knowledgeable in emergency medical services persons official duties.
2. The review panel shall convene to review the application, investigate the circumstances surrounding the death and make a written recommendation to approve or deny the application to the Director within 30 days. If the Director determines that further investigation is necessary, the Director may extend the review period.
3. The Director, after review of the recommendation, shall make the determination to approve or deny the application in a timely manner. The Director's determination is the final agency decision.

**§6. Interim Benefits**

The Director may make interim benefits payments in accordance with and subject to the limitations outlined in 25 M.R.S.A. §1612.

**§7. Appeal**

An appeal of the final agency decision may be filed in accordance with the Administrative Procedures Act, 5 M.R.S.A. c. 375, sub-c. VII.

AUTHORITY: 32 M.R.S.A., Chapter 2-B.

EFFECTIVE DATE: July 3, 1978 (EMERGENCY)

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December 25, 1982 - Sec. 2.31, 3131, 6.311, 6.63 and 6.73  
January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and 11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11

January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103

September 1, 1986

August 25, 1987 - Sec. 5, 6.011 and 12 (added)

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July 1, 2003

**16 DEPARTMENT OF PUBLIC SAFETY**

**163 BUREAU OF EMERGENCY MEDICAL SERVICES (MAINE EMS)**

**CHAPTER 17: EQUIPMENT LISTS FOR MAINE EMS SERVICES AND REGIONAL  
EMS RADIO FREQUENCIES**

Maine EMS may accept other equipment or supplies that it judges to be equivalent to these listed, however, specific approval from Maine EMS must be obtained before such a substitution is made.

**§1. Equipment list for Non -Transporting Services**

1. A non transporting service must possess, at a minimum, the equipment listed in this section and must maintain a system to ensure the availability of this equipment on any call.
  - A. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.
  - B. The Equipment list for Non-Transporting Services follows:
    1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child; infant.
    2. **1 Aluminum foil** - 18" x 25' roll or both an occlusive dressing and a device for wrapping the newborn, such as a "space blanket".
    3. **1 Aspirator, Small Bulb**
    4. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.
    5. **1 Bag Valve Mask, Child** - Infant and child mask required.
    6. **6 Bandages, Roller** - self-adhering 3" minimum width.
    7. **4 Bandages, Triangular**
    8. **Band aids** - Box of assorted sizes.
    9. **1 Blanket**
    10. **1 Burn sheet** - Sterile.

11. **4 Collars, Extrication, Rigid** - Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.
12. **24 Disaster Tags** - Tag type must be Maine EMS approved.
13. **6 Dressings, Surgical** - Minimum 5"x 9".
14. **2 Dressings, Universal** - 8" x 30" minimum.
15. **1 Flashlight** - Battery operated containing at least 2 "D-Cell" batteries or equivalent. Penlights not acceptable.
16. **10 (Pair) Gloves**
17. **1 Glucose Preparation** - Commercially packaged - for emergency medical administration.
18. **2 (Pair) Goggles, Protective**
19. **1 Head Immobilization Device** - Any device that may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.
20. **1 Mask, Pocket** -With oxygen inlet and one way valve.
21. **4 Masks** - Surgical type.
22. **Oxygen, Portable** - At least one operable "D" cylinder, at a minimum 1500 psi, or its equivalent, equipped with a flow meter which will operate in all positions. Must have adult and child non-rebreather mask, adult nasal cannula, and infant mask.
23. **Saline, Sterile** - Commercially sealed container(s) must total no less than 500cc and must not have passed expiration date.
24. **1 Shears, Bandage** - 7" size. Sewing or table shears not acceptable. Shears designed to cut leather or heavy clothing are acceptable.
25. **Sphygmomanometers** - Adult, large adult, child, and infant sizes.
26. **1 Spinal Immobilization Device, Long** - Long spine board or similar device providing adequate spinal immobilization acceptable.



- 27. **4 Splints, Padded Board** - 2 (3" x 36") and 2 (3" x 15"). Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length
- 28. **12 Sponges, Sterile** - 4" x 4".
- 29. **1 Stethoscope**
- 30. **6 Straps** - 9' length; 2" minimum width; with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9' straps are required.
- 31. **1 Suction apparatus** - Portable unit to provide pharyngeal suction of at least 11.8" mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.
- 32. **2 Tape, Adhesive, Roll** - At least 1" wide.
- 33. **2 Towels** - Medium size.

C. Suggested additional equipment for all non-transporting services:

Thermometer(s) - Non-glass fever type. Hypothermic and hypothermic ranges should be available.

D. Suggested additional equipment for non-transporting first responder services providing wilderness rescue services:

- 1. Signaling devices - (smoke, flare, mirror, etc.).
- 2. 1 Stretcher, Basket type - or similar device.

**§2. Equipment List for Ground Ambulance Services**

- 1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The Equipment list for Ground Ambulance Services follows:

- 1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child; infant.

2. **1 Aluminum foil** - 18" x 25' roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".
3. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.
4. **1 Bag Valve Mask, Child** - Infant and child mask required.
5. **6 Bandages, Roller** - self-adhering 3" minimum width.
6. **4 Bandages Triangular**
7. **Band aids** - Box of assorted sizes.
8. **2 Emesis basins** - Alternative containers acceptable.
9. **4 Blankets**
10. **2 Burn sheets** - Sterile.
11. **4 Collars, Extrication, Rigid** - Pediatric, small, medium and large sizes required. Soft Collars are not acceptable.
12. **24 Disaster Tags** - Tag type must be Maine EMS approved.
13. **6 Dressings, Surgical** - Minimum 5"x 9".
14. **4 Dressings, Universal** - 8" x 30" minimum.
15. **1 Fire extinguisher** - A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis.
16. **2 Flashlights** - Battery operated containing at least at least 2 "D-Cell" batteries or equivalent. Penlights are not acceptable. One flashlight must be in the patient compartment
17. **10 (Pair) Gloves**
18. **2 Glucose Preparation** - Commercially packaged - for emergency medical administration.

**19. 4 (Pair) Goggles, Protective**

**20. 4 Gowns/Overalls** - Of adequate material and design to provide a protective barrier against contact with patient's body fluids

**21. 1 Head Immobilization Device** - Any device, which may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.

**22. 1 Mask, Pocket** -With oxygen inlet and one way valve.

**23. 4 Masks** - Surgical type.

**24. 1 Obstetrical Kit** - To contain sterile gloves, scalpel or scissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.

**25. Oxygen** - "M" (also known as "DEY") cylinder or equivalent number of other size tanks to achieve a minimum storage capacity of 3000 liters (@2000 psi pressure, 70 degree temperature). "E" cylinders hold 685 liters when full (2000 psi). "D" cylinders hold 410 liters when full (2000 psi). A response-available ambulance must carry, as a minimum, the volume of portable oxygen required below plus the equivalent of an "M" cylinder at no less than 500 psi. All cylinders must be adequately secured in vehicle.

**26. Oxygen Masks** - 2 each: adult non rebreather; adult nasal cannula; pediatric non rebreather; and, infant mask.

**27. Oxygen, Portable** - At least two operable "D" cylinders (410 liters each), one of which indicates a minimum pressure of 1500 psi and the other which indicates a minimum pressure of 500 psi. At least one of the two required tanks shall be equipped with a flow meter that will operate in all positions.

**28. 2 Pillows**

**29. 1 Rope** - 50 feet - minimum 1/2" diameter made of synthetic material.

**30. Saline, Sterile** - Commercially sealed container(s) must total no less than 2000cc and must not have passed expiration date.

- 31. **1 Sharps Container** - Must be secured
- 32. **2 Shears, Bandage** - 7" size. Sewing or table shears not acceptable.  
Shears designed to cut leather or heavy clothing are acceptable
- 33. **4 Sheets**
- 34. **Sphygmomanometers** - Adult, large adult, child and infant sizes.
- 35. **1 Spinal Immobilization Device, Long** - Long spine board or similar device providing adequate spinal immobilization acceptable.
- 36. **1 Spinal Immobilization Device, Short** - Short spine board, or similar device providing adequate spinal immobilization acceptable
- 37. **4 Splints, Padded Board** - 2 (3" x 36") and 2 (3" x 15"). Similar splints such as cardboard, plastic, wire-ladder, or canvas with rigid inserts of like length and width may be carried in place of the 36" and 15" boards. Air splints or vacuum splints may be carried in place of one of the required padded board splints of each length
- 38. **1 Splint, Traction** - Adult size. Additional pediatric recommended.
- 39. **12 Sponges, Sterile** - 4" x 4".
- 40. **1 Stethoscope**
- 41. **6 Straps** - 9' length; 2" minimum width with buckles. Quick-clip and other commercial straps are acceptable; however, at least three 9' straps are required.
- 42. **1 Stretcher, Folding** - Any of the following are acceptable: stair chair converting to full-length cot; army D-ring stretcher; ambulance folding stretcher; scoop stretcher.
- 43. **1 Suction device, Portable**, capable to provide pharyngeal suction of at least 11.8" mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters. The unit must be electrically powered - capable of operating from its own (internal) battery.
- 44. **3 Tape, Adhesive** - Assorted size rolls.

45. **Thermometer(s)** - Non-glass fever type. Hypothermic and hypothermic ranges should be available.

46. **4 Towels** cloth type

47. **2 Vests**, Reflective

**§3. Equipment List For Scene Response Air Ambulances**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The Basic Life Support equipment list for scene response air ambulances follows:

1. **4 Airways, Oral** - One each of sizes: Large adult; adult; child; infant.
2. **1 Aluminum foil** - 18" x 25' roll or both an occlusive dressing and a device for wrapping the newborn, such as a "Space Blanket".
3. **1 Bag Valve Mask, Adult** - Automatic, pressure cycled resuscitators are not acceptable.
4. **1 Bag Valve Mask, Child**
5. **1 Bag Valve Mask, Infant**
6. **6 Bandages, Roller** - self-adhering 3" minimum width.
7. **2 Emesis basins** - Alternative containers acceptable.
8. **2 Blankets**
9. **2 Burn sheet** - Sterile.
10. **3 Collars, Extrication, Rigid** - of which 2 must be adjustable to small, medium or large size, with the third being pediatric size. Soft Collars are not acceptable.
11. **1 Doppler**
12. **3 Dressings, Surgical** - Minimum 5"x 9".
13. **3 Dressings, Universal** - 8" x 30" minimum.

- 14. **1 Fire Extinguisher** - FAA approved A-B-C or B-C rated. Five pound size equivalent or larger. Must be secured in vehicle. Professionally inspected on annual basis
- 15. **2 Flashlights** - Battery operated containing at least 2 "D-Cell" size batteries or equivalent. Penlights not acceptable. One must be in the patient compartment
- 16. **10 (Pair) Gloves**
- 17. **2 (Pair) Goggles, Protective**
- 18. **2 Gowns/Overalls** - Of adequate material and design to provide a protective barrier against contact with patient's body fluids
- 19. **1 Head Immobilization Device** - Any device that may be attached to a long spinal immobilization device for the purpose of immobilizing the head and cervical spine.
- 20. **1 Mask, Pocket** -With O2 inlet and one way valve.
- 21. **2 Masks** - Surgical type.
- 22. **1 Obstetrical Kit** - To contain sterile gloves, scalpel or scissors, umbilical clamps or tape, sterile dressings, towels, small bulb-aspirator, plastic bag, and receiving blanket. Kit must be sealed in plastic to prevent contamination.
- 23. **Oxygen System** comprised of a portable "D" cylinder with regulator and a craft mounted cylinder with regulator with a total volume 2740 liters. Must have 2 each adult and child non-rebreather masks, adult nasal cannulas, and (simple) infant masks.
- 24. **2 Pillows**
- 25. **1 Pulse Oximeter**
- 26. **Saline, Sterile** - Commercially sealed container (s) must total no less than 2000cc and must not have passed expiration date.
- 27. **2 Shears, Bandage** - 7" size. Sewing or table shears not acceptable. Shears designed to cut leather or heavy clothing are acceptable

28. **4 Sheets**

29. **Sphygmomanometers** - Adult, large adult, child and infant sizes.

30. **1 Spinal Immobilization Device, Long** - Long spine board or similar device (such as a rigid flight litter) providing adequate spinal immobilization acceptable.

31. **1 Spinal Immobilization Device, Short** - Short spine board, or similar device providing adequate spinal immobilization is acceptable

32. **2 Splints** - any type - each being 24" in length.

33. **1 Splint, Traction** - Adult size.

34. **12 Sponges, Sterile** - 4" x 4".

35. **1 Stethoscope**

36. **3 Straps** - 9' length; 1 3/4" minimum width with buckles. Quick-clip and other commercial straps may substitute for 3 of the required 6 straps.

37. **1 multi-point strap system.**

38. **1 Stretcher, Ambulance** - With a minimum 3" foam pad and must have FAA approved latching mechanism to secure the stretcher during flight. Head must elevate.

39. **1 Suction Device** - portable type - capable of providing pharyngeal suction of at least 11.8" mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters.

40. **3 Tape, Adhesive** - 1" minimum width..

41. **1 Thermometer(s)** - Non-glass fever type. Hyperthermic and hypothermic ranges should be available.

42. **4 Towels**, cloth type

43. **2 Vests, - Reflective** - reflective striping on crew member uniforms and outerwear are acceptable if the reflective striping provides 360° visibility.

B. The Advanced Life Support equipment list for scene response air ambulances follows:

1. **1 Cardiac Monitor/ Defibrillator** - Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, ECG monitoring, and paper strip ECG recordings
2. **1 Drug storage container** - Must be capable of securing ALS drugs in a manner which is consistent with Section 6 of these Rules.
3. **1 each Endotracheal Tube, Cuffed** - Sizes 5.0, 6.0, 7.0, 8.0
4. **1 each Endotracheal Tube, Uncuffed** - Sizes 2.5, 3.0, 4.0,
5. **1 End Tidal CO<sub>2</sub> Monitor or Esophageal Detector Device**
6. **1 Logbook, Drug Storage Container** - Must meet the logbook requirements of Section 6 of the Rules.
7. **1 Forceps, Magill, Large**
8. **1 Forceps, Magill, Small**
9. **2 Intraosseous Needles** - 15 ga. or equivalent
10. **3 Intravenous (IV) Administration Set, Macro drip**
11. **4 IV Fluid, Volume Replacement** - to total 4000 cc
12. **2 IV Pressure bags**
13. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20, catheter over-the-needle type.
14. **Laryngoscope Blades** - Sizes 0, 1, 2, 3, & 4
15. **1 Laryngoscope Handle**
16. **1 Sharps Container** - Must be specifically designed for needle disposal and be securely attached to prevent spillage.



17. **1 each Stylet** - Capable of use with ET tubes sizes 2.5 to 8.0.

18. **1 Surgical Airway/Chest Decompression Set** containing:

- (a) 1 each tracheostomy tube
- (b) 1 each tracheal retractor
- (c) 1 each kelley clamp
- (d) 6 each sterile 4" X 4" sterile sponges
- (e) 2 each #11 scalpel blades
- (f) 1 each scalpel blade handle
- (g) 2 each size 7 1/2 sterile surgical gloves
- (h) 1 each 10 c.c. syringe
- (i) 1 each transtracheal inflation tubing
- (j) 4 each 14 ga. 2 " IV catheters
- (k) 4 each betadine swabs
- (l) 2 each 20 c.c. syringes
- (m) 2 each one way type valve assembly

19. **1 Ventilator**

#### **§4. Equipment List for Transfer Air Ambulances**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free

A. The equipment list for transfer air ambulances follows:

1. **4 Airways, Oral**
2. **1 Bag Valve Mask, Adult**
3. **1 Bag Valve Mask, Child**
4. **4 Bandages, Roller**
5. **2 Blankets**
6. **4 Dressings, Surgical**
7. **2 Dressing, Universal**
8. **1 Drug storage** container - Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.

- 9. **1 each Endotracheal Tube, Cuffed** - Sizes 5.0, 6.0, 7.0, 8.0
- 10. **1 each Endotracheal Tube, Uncuffed** - Sizes 2.5, 3.0, 4.0,
- 11. **1 each End Tidal CO<sub>2</sub> Monitor or Esophageal Detector Device**
- 12. **1 Logbook, Drug Storage Container** - Must meet the logbook requirements of Chapter 6 of the Rules.
- 13. **6 (Pair) Gloves**
- 14. **2 (Pair) Goggles, Protective**
- 15. **2 Gowns/Overalls**
- 16. **2 Intravenous (IV) Administration Set, Macro drip**
- 17. **4 IV Fluid, Volume Replacement** - to total 2000 cc
- 18. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20, catheter over-the-needle type.
- 19. **Laryngoscope Blades**, Sizes 0, 1, 2, 3, & 4
- 20. **2 Laryngoscope Handles**
- 21. **4 Masks** - Surgical type
- 22. **1 Monitor/Defibrillator** - Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, ECG monitoring, and paper strip ECG recordings.
- 23. **1 Obstetrical Kit**
- 24. **Oxygen Equipment** - 2 E cylinders or equivalent; 2 flow meters; 1 adult non-rebreather mask; 1 nasal cannula; and 1 pediatric non-rebreather mask.
- 25. **1 Pillow**
- 26. **1 Pulse Oximeter**
- 27. **Saline, Sterile** – 2000 cc total

**28. 1 Sharps Container**

**29. 1 Shears, Bandage**

**30. 2 Sheets**

**31. Sphygmomanometers** – Adult, large adult, pediatric and infant

**32. 4 Sponges, Sterile** - 4 x 4.

**33. 1 Cardiac Monitor/ Defibrillator** - Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, ECG monitoring, and paper strip ECG recordings

**34. 1 Drug storage container** - Must be capable of securing ALS drugs in a manner that is consistent with Chapter 6 of these Rules.

**35. 1 Drug Storage Container Logbook,** - Must meet the logbook requirements of Chapter 6 of the Rules.

**36. 1 Stretcher, Ambulance** - With a minimum 3" foam pad and must have FAA approved latching mechanism to secure the stretcher during flight. Head must elevate.

**37. 1 each Stylet** - Capable of use with ET tubes sizes 2.5 to 8.0.

**38. 1 Suction Device portable type** - capable of providing pharyngeal suction of at least 11.8" mercury (300mm Hg) within 4 seconds after the suction tube is clamped closed. Unit must have trap bottle, and be equipped with rigid pharyngeal suction tip and appropriate catheters

**39. 1 Surgical Airway/Chest Decompression Set** containing:

- (a) 1 tracheostomy tube
- (b) 1 tracheal retractor
- (c) 1 kelley clamp
- (d) 6 sterile 4" X 4" sterile sponges
- (e) 2 #11 scalpel blades
- (f) 1 scalpel blade handle
- (g) 2 pair, size 7 1/2 sterile surgical gloves
- (h) 1 10 c.c. syringe
- (i) 1 transtracheal inflation tubing
- (j) 4 14 ga. 2 " IV catheters

- (k) 4 betadine swabs
- (l) 2 20 c.c. syringes
- (m) 2 one way type valve assemblies

40. **2 Tape, Adhesive, Roll** - 1" minimum width.

41. **2 Towels**

**§5. Advanced Life Support Equipment List**

1. As of August 1, 2004, all medical equipment and medical supplies required in this section must be natural-rubber latex free.

A. The Advanced Life Support equipment list for the EMT-Intermediate level follows:

1. **1 Cardiac Monitor/Defibrillator** - Must be a Maine EMS approved manual monitor/defibrillator or semiautomatic external defibrillator.
2. **1 each Endotracheal Tube, Cuffed** - Sizes 5.0, 6.0, 7.0, 8.0
3. **1 each Endotracheal Tube, Uncuffed** - Sizes 2.5, 3.0, 4.0,
4. **1 each End Tidal CO<sub>2</sub> Monitor or Esophageal Detector Device**
5. **1 Forceps, Magill, Large**
6. **1 Forceps, Magill, Small**
7. **2 Intraosseous Needles** - 15 ga. or equivalent
8. **3 Intravenous (IV) Administration Set, Macro drip**
9. **IV Administration Set, Micro drip** - As needed for medicated drips, or otherwise locally required.
10. **6 IV Fluid, Volume Replacement** - Total of 6000 cc's. Type(s) of fluids stocked (e.g. Normal Saline, Lactated Ringers) shall be in accordance with the Maine EMS Protocols.
11. **2 each IV Needle/Catheters** - Sizes 14, 16, 18, 20, catheter over needle type.

12. **Laryngoscope Blades** - Sizes 0, 1, 2, 3, and 4
  13. **1 Laryngoscope Handle**
  14. **Phlebotomy equipment** - Local/regional dictate.
  15. **1 Sharps Container** - Must be specifically designed for needle disposal and be securely attached to prevent spillage.
  16. **1 each Stylet** - Capable of use with ET tubes sizes 2.5 to 8.0.
- B. The Advanced Life Support equipment list for the EMT- Critical Care level includes all of the equipment required at the EMT-Intermediate level with the addition of the following equipment:
1. **1 Cardiac Monitor/ Defibrillator** - Capable of pediatric and adult defibrillation and cardioversion, manually selectable joule settings, ECG monitoring, and paper strip ECG recordings.
  2. **1 Drug storage container** - Must be capable of securing ALS drugs in a manner that is consistent with Section 6 of these Rules.
  3. **1 Logbook, Drug Storage Container** - Must meet the logbook requirements of Section 6 of the Rules.
  4. **IV Fluid, D5W** - As needed for medicated drips
- C. The Advanced Life Support equipment list for the EMT- Paramedic level includes all of the equipment required at the EMT- Critical Care level with the addition of the following equipment:
1. **1 Surgical Airway/Chest Decompression Set containing:**
    - (a) 1 tracheostomy tube
    - (b) 1 tracheal retractor
    - (c) 1 kelley clamp
    - (d) 6 sterile 4" X 4" sterile sponges
    - (e) 2 #11 scalpel blades
    - (f) 1 scalpel blade handle
    - (g) 2 pair, size 7 1/2 sterile surgical gloves
    - (h) 1 10 c.c. syringe
    - (i) 1 transtracheal inflation tubing
    - (j) 4 14 ga. 2 1/2" IV catheters

- (k) 4 betadine swabs
- (l) 2 20 c.c. syringes
- (m) 2 one way type valve assemblies

**§6. Regional Hospital Frequencies**

Region 1	Southern Maine	155.325
Region 2	Tri County	155.340
Region 3	Kennebec Valley	155.400
Region 4	Northeast	155.355
Region 5	Aroostook	155.340
Region 6	Mid-Coast	155.340
"Statewide Net"		155.385 (MEMS mobile-to-mobile)

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January 1, 1984 - Sec. 1, 2, 3, 5, 6, 8.32, 10.2, 10.3, 11.1066 and  
11.1067

April 30, 1985 - Sec. 1, 2.846.222, 6.332, 9.313, 8.3216 and 9.11  
January 1, 1986 - Sec. 1, 6. 8.15, 8.2, 8.3, 8.4 and 11.103  
September 1, 1986  
August 25, 1987 - Sec. 5, 6.011 and 12 (added)  
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